



Hagerstown Community College
 Office of Records
 11400 Robinwood Drive
 Hagerstown, MD 21742-6514
 Phone: 240-500-2239 • Fax: 301-791-9165
 Email: hccgraduation@hagerstowncc.edu • www.hagerstowncc.edu

Reverse Transfer Credit Application Request

Name:	Date of Birth:
ID Number:	Email:
Home Phone:	Cell Phone:
Street Address:	
City, State, Zip Code:	

Directions: A Reverse Transfer Credit Application Request should be completed by students wishing to transfer credits from outside institutions back to HCC in the hope of completing a degree or certificate. A Reverse Transfer Credit Application Request will not be processed until official transcripts from all previously attended institutions have been submitted to the Office of Records. Transcripts are only considered official if received electronically through a secured site or in a sealed envelope by sending institution.

- Reverse Transfer students are also encouraged to complete the online **Application for Graduation** process through [WebAdvisor](#).
- All students must complete at least 25 percent of their credit hours at HCC for a degree program or certificate program.
- To transfer credits back to HCC, official transcripts from all other colleges or universities and official test results should be on file with the Records Office to be applied towards the final program evaluation.
- Students applying for reverse transfer within two years of their last semester of attendance may stay under their original program catalog. Students applying after two years will be advised on a case-by-case basis.

_____ Submit official transcripts from all previously attended institutions. List schools below:

School Name	Location
-------------	----------

_____ Please indicate your intended program of study: _____

Statements of Understanding	Student Initials
If I provide a different intended program of study, my active academic program may be changed to meet graduation requirements under the current catalog.	
If I've provided a new address, my address will be changed.	

I understand that by submitting this form and signing below that my address and/or academic program may be updated and, if applicable, a degree or certificate will be conferred to me.

Student's Signature: _____ Date: _____

Please return this form to the Office of Records