

# *Reverse Transfer Graduation Information Form*



McLennan Student ID Number

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Name (as you would like it to appear on your diploma)

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Address to Mail Diploma:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reverse Transfer Institution (University)

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**For Office Use Only:**

Semester of Graduation:  Fall  Spring  Summer Year: \_\_\_\_\_

Award Type:

- Associate of Applied Science
- Associate of Arts
- Associate of Arts in Teaching
- Associate of Science
- Certificate of Completion

Major: \_\_\_\_\_

Student Signature: \_\_\_\_\_