Reverse Transfer Participation and Transcript Release Form

The Reverse Transfer Program provides an opportunity for students who transferred from a Pennsylvania Community College to West Chester University prior to completing their associate’s degree, certificate or other credential, the ability to earn that initial award. Why participate in the program? Students who receive an associate’s degree, certificate or other credential while pursuing a baccalaureate degree greatly increase their earning power and/or ability to secure a job while taking classes and are more likely to complete the baccalaureate degree in a timely manner. Earning an associate’s degree, certificate or credential on the way to a four-year degree is also a great way to have academic achievements recognized as they are completed.

Students are eligible to participate in the program if they meet the following criteria:

- Transferred at least 45 credits from the most recently attended Pennsylvania Community College to West Chester University;
- The Pennsylvania Community College most recently attended was also the last institution attended prior to transferring to West Chester University;
- Completed at least 15 credits at West Chester University;
- Earned a grade point average of 2.00 in their courses at West Chester University.

There are no financial holds on the students’ accounts. Students who have transferred in at least 45 credits from the most recently attended Pennsylvania Community College to West Chester University, have completed at least 15 credits, and earned a 2.00 in their courses, at West Chester University are eligible to inquire about participating in the program. To opt into the program and have an academic evaluation performed to determine what, if any, requirements are still needed in order to be awarded an associate’s degree, certificate, or credential, please fill out the information below and submit it to the Registrar’s Office at West Chester University. A copy of your academic transcript will be sent to your previous community college for evaluation. The Community College will contact you directly stating whether or not you have met the requirements for any particular credential. Questions may be directed to the Registrar’s Office at either institution.

Please complete, sign, date, and return this release form to:

West Chester University of Pennsylvania
Office of the Registrar
25 University Ave
West Chester, PA 19383
The completion of this form indicates my decision to participate in the Reverse Transfer Program between West Chester University and ____________________ (PA Community College). My signature on this form grants permission to have my academic transcript exchanged between the two institutions for purposes of participating in the Reverse Transfer program.

WCU ID #: _________________________________

PA Community College ID#: _________________________________

Current Full Legal Name: _________________________________ DOB: _________________

Previous Name (if applicable): _________________________________

Permanent Mailing Address: _____________________________________

City: ______________________________ State: __________________ Zip: _________________

Home Phone: ________________________ Cell Phone: ________________________

Email Address: _______________________________________________

Date (semester and year) most recently enrolled at the PA Community College: __________

Acknowledgement:

In accordance with the Family Educational Rights and Privacy Act (FERPA), my signature below authorizes the release of my academic records between West Chester University to ____________________ (PA Community College) for purposes of credit evaluation to determine fulfillment of degree requirements and degree award under the Reverse Transfer program. It also serves to acknowledge my understanding of the FERPA statement listed above, and agree to the sharing of my records between West Chester University and ____________________ (PA Community College) for purposes of determining my eligibility to be awarded a degree, certificate or other appropriate credential from ____________________ (PA Community College).

I may opt out of the program at any time by notifying, in writing, the Registrar’s Office at West Chester University. Please note that opting out will only stop future transmission of your academic record to ____________________ (PA Community College).

Signature: _________________________________ Date: _________________

(Participating Student)

*Please note: there is no fee charged for transcripts sent solely for participation in the Reverse Transfer Program.

Received by: _________________________________ Date: _________________

(Signature of Authorized WCU Personnel)