

## Reverse Transfer Agreement

If you need assistance in determining if you qualify for an associate degree via the Reverse Transfer agreement, contact the RCGC Transfer Credit Advisor at [admissions@rcgc.edu](mailto:admissions@rcgc.edu).

This form must be completed in order to be considered for an associate degree. Please submit the completed form to the Office of Admissions on the Rowan College at Gloucester County (RCGC) campus. This form can be submitted via U.S. mail, fax, email or in person.

### Student Information

Student ID (A#): \_\_\_\_\_ Student's Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Last semester that I attended Rowan College at Gloucester County:

Fall \_\_\_\_\_ (year)       Spring \_\_\_\_\_ (year)       Summer \_\_\_\_\_ (year)

### Degree Consideration

Please indicate the Associate degree for which you would like consideration.

Associate in Arts (A.A.)      OR       Associate in Science (A.S.)

*(RCGC reserves the right to award the degree that best matches the specific degree criteria based on completed courses.)*

I have completed all of the necessary credit requirements for the degree indicated above.

Please notify me of any remaining requirements that have not been fulfilled in order to complete my associate degree.

I understand that RCGC will not grant my degree until I have successfully completed the necessary requirements.

### FERPA Statement

The federal Family Educational Rights and Privacy Act of 1974 protects the privacy of a student's educational records, including transcripts, by placing certain restrictions on the disclosure of that information. As a result, your written authorization is requested in order to release your records to facilitate the Reverse Transfer Agreement.

## Authorization to Release Information

I authorize the release and sharing of my academic records between Rowan College at Gloucester County (the College) and my four-year institution (the Institution) for the sole purpose of evaluating earned credits to determine if an associate degree can be awarded by the College. Prior notification is not required from either the College or the Institution. The release will remain in effect for three (3) years from the date of the signature below. I understand I have the right to rescind this authorization via a written Revocation Statement that I will submit to the College either by mail, fax, email or in person. Further, I understand that the Revocation Statement will not affect any information that was disclosed prior to the date the College received said statement.

***By signing below, I understand and agree that:***

- I have read and understand the FERPA statement and acknowledge that my personal information and student records will be shared between the College and the Institution that I am currently attending. I understand that the sharing of this data is for the sole purpose of credit evaluation to determine if I can be eligible to receive an associate degree through the Reverse Transfer process.
- I have read, understand and consent to the Authorization to Release Information form.
- I understand that it is my responsibility to complete all required course work prior to my associate degree being awarded in the event that additional course work is required.
- I understand that the College has the right to select an associate degree for which I am eligible based on the credits and course work as evidenced on my official transcripts regardless of my degree indication on the Reverse Transfer Agreement.
- I understand that the College will notify me of the results of my Reverse Transfer evaluation by email and if approved, I will receive my associate degree by U.S. mail.
- I give the College permission to award the associate degree once all requirements are met and to update my college transcript with my degree credential.
- My signature on this form confirms that I have read the Reverse Transfer policy/procedure and FAQs. I authorize the release of my transcript(s) and grant the permission to the College to communicate with the Institution about my student records via email or phone.

---

Student's signature

---

Date

*(Please note that Reverse Transfer Agreement forms submitted without signature will not be processed.)*

Completed forms must be submitted to the Office of Admissions located in the Student Services building on the College's campus.

### You can submit the form

***By U.S. mail to:***

Rowan College at Gloucester County  
Office of Admissions — Reverse Transfer  
1400 Tanyard Road, Sewell, NJ 08080

***Fax this form to:*** 856-468-8498,  
Attention Office of Admissions

***Scan and email this form to:***  
[admissions@rcgc.edu](mailto:admissions@rcgc.edu)