INTENT TO REVERSE CREDIT TRANSFER FORM

HAWKEYE COMMUNITY COLLEGE
Registrar's Office

ADDRESS: P.O. BOX 8015, Waterloo, IA 50704
PHONE: 319-296-2320 or 1-800-670-4743 ext. 1209
FAX: 319-296-1609
EMAIL: carrie.lalk@hawkeyecollege.edu
WEBSITE: www.hawkeyecollege.edu >
Academics> Academic Records > Transferring
Credits to Hawkeye > Reverse Credit Transfer

General Information
(Please print)

PREFERRED DIPLOMA NAME*

_____(_____)

LAST*	FIRST*	MIDDLE*	STUDENT ID OR LAST 4 SSN

_____

DIPLOMA MAILING ADDRESS*

_____

CITY/TOWN*	PROVINCE/STATE*

_____

COUNTRY* (IF OUTSIDE USA)   **POSTAL/ZIP CODE***

(_____)_____

PRIMARY PHONE   EMAIL

Degree/ Major Receiving

I expect to graduate from Hawkeye with the following degree/major:

_____

Include all relevant information, e.g., certificate, diploma, AAA, AAS, AA or AS/Practical Nursing, Associate Degree Nursing, Liberal Arts.

Academic Progress
(Please check Appropriate box)

□ I have successfully completed, and received final grades, for all of the remaining program requirements at another institution. I *have* sent my transcript to the Admission's Office.

□ I have completed, but have not received final grades, for all of the remaining program requirements at another institution. I *will* send my transcript to the Admission's Office.

□ I am currently and/or will be completing the remaining program requirements at another institution. I *will* send my transcript to the Admission's Office once I've received final grades.

□ I opted into the Reverse Credit Transfer Program on my Admissions application at either UNI, ISU or the U of I.

Note: Graduation Applications created based on this intent form are removed *one month* after the end of the term if the Admission's Office has not received your transcript.

List the course(s) you plan to reverse credit transfer back to Hawkeye, including Institution and completion date. Please use an additional sheet if necessary.

Course (ex. ENG-105)	**Institution**	**End Date of Class** (ex. 7/27/22)
		/ /
		/ /
		/ /
		/ /

Signature_____Date_____/_____/_____

("Wet" signature required.)