



**Fontbonne University Missouri Reverse Transfer
Opt-in/Graduation Application**

Name: _____ Date of Birth: _____

Student ID# (4-year): _____ Last Four Digits of SS#: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Current 4-year institution: Fontbonne University

Previous 2-year institution: _____

Associate Degree you are seeking: _____

By completing this application, I authorize Fontbonne University to release my official transcript to

_____ (2-year institution). I agree to allow

_____ (2-year institution) to review my academic

records and post any degree for which I qualify. I understand that a final transcript with my degree awarded will be provided to Fontbonne University.

Student Signature: _____ Date: _____

Fontbonne RTC : Dr. Katie Piacentini, Interim Registrar Signature: _____