



**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, Registrar Signature: \_\_\_\_\_