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.hawkevecollege.edu > Academics > Academic Records > Transferring

Credits to Hawkeye > Reverse Credit Transfer

PREFERRED DIPLOMA NAME*

General
Information
(Please print)

LAST*	FIRST*	MIDDLE*	STUDENT ID OR LAST 4 SSN
DIPLOMA MAILING ADDRES	S*		
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,

Academic Progress

(Please check Appropriate box) Liberal Arts. □ 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.

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.

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.

Institution	Completion	Date (ex. 7/27/22)
	/	/
	/	/
	/	/
	/	/
	Institution	Institution Completion / / / / / / /

Signature	Date
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