



COMMUNITY COLLEGE  
OF RHODE ISLAND

## REVERSE TRANSFER APPLICATION

**Overview:** Students who attend the Community College of Rhode Island, Rhode Island College, and/or the University of Rhode Island may qualify for the conferral of the associate degree or certificate from the Community College of Rhode Island through the [reverse transfer policy](#) if the following conditions are met:

### **Eligibility to participate:**

1. The student eligible for conferral of the associate degree through reverse transfer have earned cumulatively, a minimum of 60 college-level credits combined from CCRI, RIC, and/or URI.
2. The student has not earned an associate or bachelor's degree.
3. Student has a GPA greater than or equal to 2.0 (at time of graduation).
4. Student has resolved any financial issues at the sending or receiving institution.
5. Students agree to the exchange of educational data request in compliance with Family Educational Rights and Privacy Act (FERPA) regulations.

### **Eligibility for Associate Degree or Certificate**

1. The student will complete a minimum of 15 college-level credits at CCRI (or one-fourth of the number of credits required for the associate degree or certificate).
2. The specific degree and graduation requirements of CCRI must be met for the associate degree or certificate to be awarded.
3. Students who have completed graduation requirements at CCRI once the courses are transferred back from the college or university will have the degree or certificate awarded after the transcripts have been evaluated.
4. Students who have a grievance regarding the awarding of a degree through reverse transfer will follow the procedure identified in the section on Students Rights and Responsibilities in the [Council on Postsecondary Education's policy on Articulation and Transfer](#).

**Application Instructions:** To participate in the Reverse Transfer Program, you need to complete the following steps:

1. Apply using the Reverse Transfer Application.
2. Select a Reverse Transfer Program Option:  
**Associate Degree Options:** [Accounting](#), [General Business](#), [General Studies](#), [Liberal Arts](#) (optional concentration available in English, Foreign Language, or Mathematics), or [Science](#);
3. Return the Reverse Transfer Application along with your official transcripts from previous schools attended (official copies must be in sealed envelopes from sending institutions) to:  
**CCRI, Records Department, Attn. Reverse Transfer, 1762 Louisquisset Pike, Lincoln, RI 02865.**
4. Documents will be reviewed for program eligibility.
5. Student will be notified through the mail if they qualify for the Reverse Transfer program. Students not eligible may still be eligible for general transfer and will be notified of their status.
6. Students needing to complete additional coursework at CCRI will be encouraged to meet with an academic advisor.
7. Questions can be sent to [Reversetransfer@ccri.edu](mailto:Reversetransfer@ccri.edu) or you may call 401-333-7092.



# REVERSE TRANSFER APPLICATION

CCRI ID Number: *For Office Use*

**Personal data:** Complete this form after you have reviewed the Reverse Transfer program listings. Please print clearly.

Date of application		Social Security number <small>Social Security number is mandatory under federal law.</small>	
<small>Name as it appears on Social Security card or U.S. passport</small>			
Last name	First name	Middle initial	Date of birth (mm/dd/yy)
<small>Previous/Maiden Name</small>			
Last name	First name	Middle initial	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent home street address			
City	State	ZIP	
Home telephone number	Cell number	Email address	
<p><b>Have you lived continuously in Rhode Island for one or more years as of the date of this application?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you a U.S. citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If you are not a U.S. citizen, do you have a Permanent Resident Card (Green Card)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If you are a permanent resident card holder, please provide your alien registration number.:</b> _____</p> <p><b>Is Rhode Island your legal and permanent state of residence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>If you have a non-Rhode Island permanent home address and you are claiming Rhode Island residency, you must submit a CCRI Application for In-State Residency and all required documentation. This information is available at <a href="http://www.ccri.edu/oes/Forms/ResidencyAppealLetter.pdf">www.ccri.edu/oes/Forms/ResidencyAppealLetter.pdf</a>.</small></p> <p><b>If you are not a legal and permanent resident of Rhode Island, please list your legal residence.</b></p> <p>Street _____ City _____ State _____ ZIP _____ Country _____</p> <p><b>Service members or dependents</b></p> <p><b>Did you serve or are you serving in the U.S. armed forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><b>If you or your dependents are currently serving, are you stationed in Rhode Island on active duty?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><b>Will you be using VA education benefits at CCRI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><b>Will you be using VA education benefits as a dependent at CCRI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><b>Did you honorably serve in a combat zone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><b>Please note:</b></p> <ul style="list-style-type: none"> <li>• Applicants in Refugee Status, Temporary Protected Status, or Political Asylum Status must mail a copy of the documentation of their status.</li> <li>• Other visa or immigration status: Please mail a copy of your Visa, I-797 or other documentation.</li> </ul> <p><small>Misrepresentation concerning residency and/or citizenship is grounds for immediate dismissal from the college, but you will remain liable for all tuition and fees.</small></p>			

The following information helps us comply with federal statistical reporting requirements only and will not, in any way, impact an admission decision on your application. Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories.

<p><b>Ethnicity:</b> (Not used for admission. Please check one.)*</p> <p><input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic or Latino</p> <p><small>Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories</small></p>	<p><b>Race:</b> (Not used for admission. You may check more than one race.)</p> <p><input type="checkbox"/> American Indian or Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White</p>
<p><b>Important information:</b></p> <p>One or both parents (biological or adoptive) earned a four-year degree <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Single parent with custody of a child under 18 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Speaker of English as a second language <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Displaced homemaker† <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

\* Ethnicity/Race data reporting for federal purposes has changed. The selections that you see in this section are the choices as mandated by the federal government for higher education reporting purposes. Only statistical numbers are reported. No individual data appears on the federal reports.

† The term displaced homemaker refers to women or men who have worked mainly in the home for a minimum of two years caring for home and family. Due to loss of family financial support (usually through death, disability or divorce), these individuals must leave the home and seek to support themselves and their families.

**Program of interest:** Please indicate your program interest.

I am interested in the following Reverse Transfer major at CCRI (check only one option)

**Reverse Transfer Associate Options:**

- \_\_\_ Accounting
- \_\_\_ General Business
- \_\_\_ General Studies
- \_\_\_ Science

- \_\_\_ Liberal Arts (select concentration)
  - \_\_\_ English
  - \_\_\_ Foreign Language
  - \_\_\_ Mathematics
  - \_\_\_ None

**High school history:** Please complete as appropriate. Please print clearly.

**I have or will have:**

- High school diploma

\_\_\_\_\_

Institution name, city, state

\_\_\_\_\_

Code

Diploma Date

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Month / Day / Year

- GED® credential

\_\_\_\_\_

State in which GED® credential was received

\_\_\_\_\_

Code

Date Received

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Month / Day / Year

- Home school diploma — *Please submit documentation from your local school district approving your home schooling program.*

\_\_\_\_\_

Institution name, city, state

\_\_\_\_\_

Code

Date Received

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Month / Day / Year

- I do not hold any of the above.

**College history:** Please list ALL undergraduate colleges and universities attended. (*Please submit official transcripts from each school to: CCRI, Records Department, Attn. Reverse Transfer, 1762 Louisquisset Pike, Lincoln, RI 02865.*) Please print clearly.

Do you have a bachelor's degree from a U.S. college or its equivalent from a school in another country?  Yes  No

If yes, indicate the degree received below.

**COLLEGE 1:**

\_\_\_\_\_

College/University name

\_\_\_\_\_

Code

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Degree

**COLLEGE 2:**

\_\_\_\_\_

College/University name

\_\_\_\_\_

Code

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Degree

**COLLEGE 3:**

\_\_\_\_\_

College/University name

\_\_\_\_\_

Code

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Degree

**Agreements:**

I certify that the information that I have provided on the application is true and correct. Further, by signing this form, I agree to abide by the rules and regulations and fulfill all financial obligations to the Community College of Rhode Island.

Additionally, I understand the requirements to participate in the reverse transfer program, and I understand the FERPA statement below. By signing below, I agree to my student records being shared and to communication about my records between institutions for the purpose of credit evaluation to determine the awarding of an associate degree or certificate.

**FERPA Statement**

The Family Educational Rights and Privacy Act (FERPA) of 1974 protects the privacy of student educational records, including transcripts, by placing certain restrictions on the disclosure of that information. As a result, your written authorization is required in order to facilitate the reverse transfer credit agreement.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

Application received at FL Campus: \_\_\_\_\_ REVAP Code added: \_\_\_\_\_

Transcript received at FL Campus:

School: \_\_\_\_\_ Date: \_\_\_\_\_ SGASTDN: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Student eligible for reverse transfer \_\_\_ Yes \_\_\_ No Code: \_\_\_\_\_ {If No, eligible for general transfer \_\_\_ Yes \_\_\_ No}

Credits posted: \_\_\_\_\_

Student notified: \_\_\_\_\_

Additional notes: \_\_\_\_\_

**Please return the Reverse Transfer Application and official transcripts to:**

Community College of Rhode Island  
Records Department  
Attn. Reverse Transfer  
1762 Louisquisset Pike  
Lincoln, RI 02865