KANSAS WESLEYAN UNIVERSITY

Office of the Registrar PH285, 100 E. Claflin, Salina, KS 67401

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Reverse Transfer Enrollment Agreement

Kansas Wesleyan University participates in a universal reverse transfer program with Kansas community colleges. This program allows you to receive an associate's degree from your most recent community college by combining credits earned at KWU with credits earned at your community college. Students who transfer at least 45 credit hours to KWU from a college listed below are eligible to participate in the reverse transfer program.

KWU will submit an official transcript back to your community college at the end of each semester and summer term in which you have at least 60 cumulative earned credit hours. Once you have met all degree requirements for your declared associate's degree, your community college will award and mail the associate's degree to you.

Full Name:			Student ID:	
Most Recent Community College Attended (Check One):				
	Allen County Community College		Hesston College	
	Barton Community College		Highland Community College	
	Butler Community College		Hutchison Community College	
	Cloud County Community College		Independence Community College	
	Coffeyville Community College		Johnson County Community College	
	Colby Community College		Kansas City Kansas Community College	
	Cowley College		Labette Community College	
	Dodge City Community College		Neosho County Community College	
	Donnelly College		Pratt Community College	
	Fort Scott Community College		Seward County Community College	
	Garden City Community College			
Dy signi	ing helpwysy agree to the fellowing statements:			
By signing below you agree to the following statements:				
	I would like to participate in the reverse transfer program offered at Kansas Wesleyan University.			
2.	I understand that this agreement does not guarantee that I will receive an associate's degree, I still must complete all the			
2	requirements for my associate's degree as listed in my previous college's course catalog.			
3.				
	I further understand that I must inform the Office of the Registrar	when r	my financial hold is released if I wish for my transcript to	
	be sent.			
4.	I authorize KWU to release my academic records to the above selected college at the end of each semester and summer term			
_	until such time that this agreement is no longer in effect.			
5.	,			
	until I cease attendance at KWU for at least one full semester.			
6.	I understand that I must provide written noticed to the Office of the Registrar at KWU if at any time I wish to withdraw from this			
	program.			
Student Signature:		Date:		