

MCCS & UMS REVERSE TRANSFER PARTICIPATION AND TRANSCRIPT REQUEST FORM

(for consideration of being awarded an Associate degree or Certificate)

Please complete, sign and then mail, fax, email, or deliver in person to the address on the bottom of this form

STUDENT INFORMATION

UMS STUDENT ID: _____ LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS/P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE _____ BIRTHDATE _____

UMS EMAIL _____ @ maine.edu OTHER EMAIL _____

PREVIOUS NAMES _____ LAST TERM COMPLETED AT COMMUNITY COLLEGE _____

PARTICIPATION AND TRANSCRIPT REQUEST HANDLING INSTRUCTIONS

Please review the Frequently Asked Questions (FAQs) before completing this request. If you qualify, requests completed using this form will be sent automatically to the attention of the appropriate community college Reverse Transfer Contact (see Contact Information sections of this form and FAQs).

Please indicate the Community College you attended and Associate degree or Certificate for which you are applying:

Community College _____ Associate degree or Certificate in _____

Approximately how many credits do you have left to complete your credential? _____

Please indicate your preference by checking the appropriate option:

- The necessary credits for an Associate degree or Certificate have been completed. Please send my transcript immediately. (Please refer to the FAQs for Reverse Transfer)
- Please notify me of remaining requirements to earn an Associate degree or Certificate. I will request a transcript when the necessary credits have been successfully completed. (Please refer to the FAQs for Reverse Transfer)

FERPA STATEMENT:

The federal 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 requested in order to release your educational records to facilitate the reverse transfer credit agreement.

AUTHORIZATION

I authorize the release and sharing of my academic records and student information between the **University of Maine System** and the **Maine Community College System** for the purpose of credit evaluation to determine the awarding of an Associate degree or Certificate. This information will be released without prior notice, and the authorization will remain in effect for three years from the date below unless revoked in writing. I understand that I have the right to rescind this authorization at any time by notifying the contact person at the university in writing of my decision. I understand that such revocation will not affect any disclosures previously made before receipt of any such written revocation.

My signature below is agreement that:

- I understand the FERPA statement and the authorization, and agree to my student records and information being shared and communication about my records between university and the community college for the purpose of credit evaluation to determine the awarding of an Associate degree or Certificate.
- I have read all of the information on this application and the FAQ's and I accept that it is my responsibility to complete all of the required courses for the credential for which I am applying.
- If applicable, an appropriate Associate degree will be awarded by the community college based on my records, requirements of the degree, and credits toward degree. The awarded Associate degree may not be the degree I was pursuing while a student at the community college.
- If it is appropriate to award an Associate degree or Certificate, my signature below gives permission to the community college to award the credential once all requirements are completed and notify me of the results.

Signature _____
(Electronic signature or type your name)

Today's Date _____

NOTE: Your signature on this form authorizes the release of your transcript as well as our ability to communicate with you and between the MCCS and UMS about this request via e-mail or phone. Forms without signatures will not be processed.

Sign completed request and then mail, fax, email, or deliver in person to the appropriate contact person below:

University of Maine
Kathleen M. Ouellette
University of Maine
Wingate Hall
Orono, Maine 04469
Phone (207) 581-1319
Fax (207) 581-1314
Kathy_M_Ouellette@umit.maine.edu

University of Maine at Farmington
Mitchell Bean
University of Maine at Farmington
224 Main Street
Farmington, ME 04938
Phone (207) 778-7735
Fax (207) 778-8182
mitchell.bean@maine.edu

University of Maine at Presque Isle
Erin Benson
181 Main Street
Presque Isle, ME 04769
Phone (207) 768-9453
Fax (207) 768-9777
erin.benson@umpi.edu

University of Maine at Augusta
Katherine Trask
46 University Drive
Augusta, ME 04330
Phone (207) 621-3333
Fax (207) 621-3061
www.uma.edu

University of Maine at Fort Kent
Jill Bouchard Cairns
23 University Drive
Fort Kent, ME 04743
Phone (207) 834-7600
Fax (207) 834-7609
jillb@maine.edu

University of Southern Maine
Suzanne Turner
37 College Avenue
Admission Annex
Gorham, ME 04038
Phone (207) 780-5511
Fax (207) 780-5511
transferusm@maine.edu

University of Maine at Machias
Christy Alley
116 O'Brien Ave
Machias, ME 04654-1397
Phone (207) 255-1268
Fax (207) 255-1474
christy.alley@maine.edu