

REVERSE TRANSFER APPLICATION FOR ASSOCIATES IN ARTS

COPIAH-LINCOLN COMMUNITY COLLEGE

APPROXIMATE DATES OF ATTENDANCE: _____
(Year) to (Year)

PLEASE PRINT NAME AT THE TIME OF ATTENDANCE:

(First) (Middle) (Last)

PLEASE PRINT CURRENT NAME:

(Last) (First) (Middle)

SOCIAL SECURITY NO.: _____ - _____ - _____ OR CO-LIN STUDENT ID#: _____

PHONE #: _____

ADDRESS: _____
(P.O. Box, Street) City State Zip Code

PLEASE LIST COLLEGES THAT YOU WILL BE SENDING TRANSCRIPTS FROM IN ORDER TO MEET THE QUALIFICATIONS FOR YOUR ASSOCIATES IN ARTS DEGREE.

COLLEGE #1:

COLLEGE #2:

COLLEGE #3

I will be responsible for requesting transcripts from the college(s) listed above to transfer in hours to allow me to graduate from Co-Lin with an Associate of Arts degree.

Applicant's Signature _____

Date _____

NOTE: 25% OF COURSEWORK MUST BE COMPLETED AT CO-LIN.

Copiah-Lincoln Community College – Admissions
P. O. Box 371 • Wesson, MS 39191
www.colin.edu

