



COMMUNITY COLLEGE  
OF RHODE ISLAND

## Reverse Transfer Overview & Opt-in Information

**Overview:** Students who attend the Community College of Rhode Island, Rhode Island College, the University of Rhode Island or other regionally accredited colleges and universities 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 has earned cumulatively, a minimum of 60 college-level credits combined from CCRI and other school(s) attended.
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 has completed (or 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 the following steps in the application process must be completed:

1. Apply using the Reverse Transfer Student Opt-in Form.
2. Return the Reverse Transfer Student Opt-in Form 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.**
3. Documents will be reviewed for program eligibility.
4. Students 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.
5. Students needing to complete additional coursework will be encouraged to meet with an academic advisor to develop an educational plan to complete program requirements.
6. Questions regarding the program can be sent to [reversetransfer@ccri.edu](mailto:reversetransfer@ccri.edu) or you may call 401-333-7092.

## Reverse Transfer Student Opt-in Form

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

Social Security number: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Previous name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Note: The Reverse Transfer Program Coordinator will review your transcripts for either the Associate in Arts, Associate in Fine Arts, Associate in Science or the Associate in Applied Science degree, based on the courses you have completed and the program that will maximize your transfer credits.**

College History (please list all of the colleges &/or universities attended):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Agreement: I certify that the information that I have provided on this form 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, I agree to my student records being shared and to communication about my records between the institutions listed above for the purpose of credit evaluation to determine the awarding of an associate's 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. I further realize that I can withdraw from the program at any time by completing the opt-out form available on the CCRI Records Department's webpage and submitting it to the designated office address on the form.

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