



Reverse Transfer Degree Audit

Registrar Office · Building 3 · 7390 South Sixth Street · Klamath Falls, OR 97603

Last Name	First Name	Middle Int.	KCC ID (if known)

Mailing Address	Street Address	City/Town	State	Zip Code

DOB: <i>mm/dd/yyyy</i>	Email Address	Phone Number
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____ I would like Klamath Community College (KCC) to check if I am eligible to receive my Associate's Degree in:

(Ex: AAOT; Associate of Applied Science; etc.)

List all Colleges or Universities official transcript provided for evaluation:

* If you are requesting KCC to evaluate transcripts from other colleges, you must have an official transcript from each college sent to:

Klamath Community College
 Attn: Transcript Evaluation Specialist
 7390 S. 6th St.
 Klamath Falls, OR 97603

By signing below, I grant permission for KCC to exchange pertinent information between the institutions. I understand that my participation in this program will in no way have a negative effect on my status or academic standing at KCC.

Student Signature

Date

Office Use Only

Received By: _____ Date: _____