



Opt-In/Graduation Application

In compliance with Missouri HB1042, Missouri colleges and universities are participating in the Missouri Reverse Transfer statewide initiative which may enable you to earn an associate degree.

Name: _____ Date of Birth: _____
(Please print your name as you wish it to appear on your diploma.)

Avila Student ID# _____ Last Four Digits of SS# _____

Student ID# (2 year) _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____
Street City State Zip Code

Primary e-mail: _____ Secondary e-mail: _____

Current 4-year institution attending: _____

Previous 2-year institution attended: _____

Associate degree you are seeking: _____

By completing this application, I authorize Avila University to release my official transcript* to _____ (2-year institution). I agree to allow _____ (2-year institution) to review my academic records and post any degree for which I qualify. I understand that a final transcript* with my degree awarded will be provided to Avila University.

Student Signature: _____ Date: _____

*I understand that the institutional transcript release policy applies.

Office Use Only

Avila RTC name: _____ Signature: _____

2-year RTC name: _____ Signature: _____



Be Inspired.