



Application for Reverse Transfer Associate's Degree

Complete and mail this form and submit official transcripts to:

Georgia Military College
Academic Records Office
201 E Greene Street
Milledgeville, GA 31061

PRINT CLEARLY

YOUR NAME (as it will appear on your diploma): _____

GMC Student ID or Social: _____

Campus Attended: _____

Phone Number: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Students will be evaluated for an AS. General Studies unless their completed courses direct them in another direction.

Student signature: _____ Date: _____

It is the responsibility of the student to have official transcripts submitted for evaluation.

EVALUATOR USE ONLY:

_____ Hours of GMC Residency _____ GA History _____ GA Constitution Qualify: _____

Completed by: _____

BUSINESS OFFICE USE ONLY:

_____ Account Clear _____ Account NOT Clear

DEGREE PROCESSOR - REGISTRAR'S OFFICE USE ONLY:

Degree: ___ AA ___ AS ___ AAS

Major: _____

GPA: _____

Honors: ___ CL ___ MCL ___ SCL ___ PTK

Grad Date: _____

Status: ___ COM ___ ECP ___ Cadet ___ C.G.C.

Campus: _____

Date Received: _____

Date Printed: _____

Date Mailed: _____

Degree Processor Signature: _____

(Please know that there will be a two to eight week processing time frame.)

