## LOUISIANA DELTA COMMUNITY COLLEGE

Division of Academic Affairs · Department of Enrollment Services

Application for Reverse Transfer

HOME CAMPUS:	SI	SEMESTER OF GRADUATION 20		
PERSONAL INFORMATION:				
STUDENT ID NUMBER:				
		_		
First Name	Middle Nar	me	Last Name	
(Check One) ASSOCIATE DEG	REE TECHN	NICAL DIPLOMA		
LDCC DIPLOMA/DEGREE TITLE				
Major Concentration *  If Applicable				
TRANSFER HOME INSTITUTE	ON INFORMAT	· ·		
TRANSPER HOME INSTITUTI				
Home Institution				C
Tionic institution	$\neg$	City		State 1
		Min on Concentration (	if annii aakla) NO	J
Major Concentration		Minor Concentration (i	п аррпсавіе) НО	
Have you earned this degree/diploma?	YES	If YES, when was the de	gree/diploma awarded?	?//
Reverse transfer students must follow the g	uidelines below:			
Meet all LDCC graduation requ			erm of graduation.	
<ul> <li>Student will follow diploma/deg</li> <li>Be currently enrolled at or gradu</li> </ul>				
Current or earned diploma/degi	ee program cannot be	e in the same field of study	y as the diploma/degree	e pursued at LDCC.
<ul><li>Student must complete an applie</li><li>Student must reapply to LDCC.</li></ul>	cation for a Reverse T	ransfer.		
<ul> <li>Student must complete graduati</li> <li>Student must meet all admissior</li> </ul>		advation deadlines		
• Student must meet an admission	, registration, and gra	addation deadines.		
Please submit application for a Reverse T		am Division Chair, and ha	we your home institution	on official
transcript sent to LDCC Enrollment Serv	ces.			
BY MY SIGNATURE I AM APPROV	ING MY REVERS	SE TRANSFER BE AS	SESSED AND PRO	OCESSED.

Date

Student Signature