



Office of the Registrar
Georgia Highlands College
3175 Cedartown Hwy SE
Rome, GA 30161

REVERSE TRANSFER GRADUATION APPLICATION

Name: _____ **GHC ID: 900** _____
Last First MI

Address: _____
Street Apt City State Zip

Telephone: (Cell) _____ (Work) _____

Email: _____

Application Information

(Please check box)

Graduation Term: Summer Fall Spring (Please check appropriate box)

This is the term that you expect to take your last class needed for the degree. Please be aware that we need an official transcript for that class as soon as possible after the grade is due.

Degree Information

Check one:

- Associate of Arts
- Associate of Science
- Associate of Science in Nursing
- Associate of Applied Science in Human Services
- Associate of Science in Dental Hygiene

Program of Study: _____ (this line must be filled out to evaluate this application)

The name on your diploma will be as it is listed in our system. If you wish to have your name printed differently, please update your record here [Name Change Form](#). Diploma reprints will not be issued for name changes made after graduation. If you are completing more than one degree, you must submit a separate application.

Please read application carefully and sign below

Student Signature: _____ Date: _____

Information regarding graduation exercises will be emailed to graduates in April. Caps and gowns may be purchased in the Bookstore. Applications for Degree must be received in the Registrar's Office no later than one semester prior to degree completion.

Please list the college, term, and classes below that you will be transferring back to GHC. We need an official transcript from all schools listed as soon as possible. Please contact sbeideck@highlands.edu if you have any questions.
