

Mineral Area College MRT Opt-In/Student Graduation Application P.O. Box 1000 Park Hills MO 63601 573-518-2204 (phone) 573-518-2166 (fax) registrar@mineralarea.edu

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:		
		wish it to appear on yo			
MAC Student ID#	Last Four Digits of SS#				
Home Phone:		Cell Phone:			
Mailing Address:					
	Street	City	State	Zip Code	
Primary e-mail:		Secondary email:			
Current 4-year institu	ution attending:				
By completing this ap hours at Mineral Are my official transcript above if I qualify. I u year institution. I un	Associate of Arts Associate of App oplication, I unders a College. I author * to MAC. I agree to nderstand that a finderstand that if I checked	Associate of plied Science with a mattand that I must have dizeto allow MAC to review all transcript* with my	garned a minimum of curre (curre was academic record was academic record academic record will accord accorded will accord accorded will accorded accorded with according to the cord according to the	15 degree applicable credit ent 4-year institution) to release s and post the degree indicated be provided to my current 4-ony, a \$50 fee is required. If I	
Student Signature:			Date: _		
4-year RTC name:					
Signature:			Date:		
MAC MRT Coordinate	or:				
Signature:			Date:		

^{*} I understand that the institutional transcript release policy applies.