

Grand Canyon University/Maricopa Community College District Reverse Transfer Application



Grand Canyon University
Office of Academic Records
PO Box 11097 Phoenix, AZ 85061



Please print legibly, sign, and then mail, deliver in person, or scan and email as a PDF attachment to the above address.

GCU Student ID # _____ MCCD Student ID # _____ Birth Date _____

Last Name _____ First Name _____ Middle _____

Former Name (If Applicable) _____ Email _____

Current Street Address _____

City _____ State _____ ZIP _____ Phone Number _____

Most Recent Semester Completed at GCU _____ Most Recent Semester Completed at MCCD _____

Please send this Reverse Transfer Request to:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Chandler-Gilbert Community College
2626 E. Pecos Road
Chandler, AZ 85225 | <input type="checkbox"/> GateWay Community College
108 N. 40th Street
Chandler, AZ 85225 | <input type="checkbox"/> Paradise Valley Community College
18401 N. 32nd Street
Phoenix, AZ 85032 | <input type="checkbox"/> Rio Salado College
2323 W. 14th Street
Tempe AZ 85281 |
| <input type="checkbox"/> Estrella Mountain Community College
3000 N. Dysart Road
Avondale, AZ 85392 | <input type="checkbox"/> Glendale Community College
6000 W. Olive Avenue
Glendale, AZ 85302 | <input type="checkbox"/> Phoenix College
1202 W. Thomas Road
Phoenix, AZ 85013 | <input type="checkbox"/> Scottsdale Community College
3000 N. Dysart Road
Avondale, AZ 85392 |
| | <input type="checkbox"/> Mesa Community College
145 N. Centennial Way
Mesa, AZ 85201 | | <input type="checkbox"/> South Mtn. Comm. College
7050 S. 24th Street
Phoenix, AZ 85042 |

FERPA Statement: The federal Family Educational Rights and Privacy Act (FERPA) of 1974, updated January 2009, protects the privacy of student educational records, including transcripts, by placing certain restrictions on the disclosure of that information. As a result, your written authorization is required in order for the Maricopa Community Colleges and Grand Canyon University to release your educational records to each other for the purpose of providing admission, credit evaluation, academic advising, financial aid, and other services. All educational records are released subject to the confidentiality provisions of appropriate state and federal laws and regulation. All information may be retained in the records of both institutions.

Authorization:

- I authorize the release of my academic records between the Maricopa Community Colleges and GCU without prior notice and understand that my records will be maintained by both institutions.
- I understand that I have the right to rescind this authorization at any time by notifying both institutions in writing of my decision. This notice must be submitted to the office(s)/personnel who received and processed the initial application at both institutions.
- I understand that such revocation will not affect any disclosures made before receipt of such written revocation.
- If it is appropriate to award an associate degree, my signature below gives permission to the community college to award the degree and notify me of the results without further intervention on my part. In some cases, the associate degree awarded may not be the same degree I pursued while a student at the Maricopa Community Colleges.
- I understand I may be contacted if any holds at either institution prevent the execution of this agreement.

Signature (written signature required) _____ Date _____

OFFICE USE ONLY-REVERSE TRANSFER AGREEMENT:

Date Submitted _____ Time Submitted _____ Copy to MCCD _____ GCU Staff Initials _____