

Attachment 1:

**BUCKS-USSCIENCES REVERSE TRANSFER AGREEMENT
Transcript Request Form**

In order to participate in the Reverse Transfer credit program and be considered for the awarding of an Associate Degree from Bucks this form must be completed and submitted to the USciences Registrar's Office and the following requirements must be met:

1. Transfer to USciences with Bucks as the last school attended;
2. Have earned a minimum of 45 credits prior to matriculating to USciences;
3. Have completed a cumulative total of 60 credits, including transfer and USciences credits;
4. Have a minimum overall Grade Point Average (GPA) of 2.00 and be/have been in good standing at both institutions;
5. Have earned a minimum grade of "C" in USciences courses considered for reverse credit transfer to Bucks;
6. Have no registration holds on either record.

Please complete, sign, and then mail, fax, email, or deliver in person to the following address:

University of the Sciences
Office of the Registrar
Philadelphia, PA 19086
Fax: (215) 596-8819
Email: Registrar@uscience.edu

Requests completed using this form will be sent automatically to the attention of the Reverse Transfer contact at Bucks.

USciences Information

USciences ID #: _____ Date of Birth: ____/____/____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

Bucks Information

Bucks ID #: _____ Number of credits earned at Bucks: _____

Bucks Enrollment: Start Date (sem/yr): _____ Last Enrollment (sem/yr): _____

Program intend to complete at Bucks: A.A. A.S. Major at Bucks: _____

Authorization to Release Information

FERPA Statement:

Under Federal legislation, namely the Family Educational Rights and Privacy Act (FERPA) of 1974, updated January 2009, I understand that my educational records cannot be released without my written permission. I authorize the release of my academic records from USciences to Bucks, and the release of any additional academic records from Bucks to USciences, in order to share student data information between the two institutions without the violation of FERPA. I understand that I have the right to rescind this release agreement of my academic records at any time by notifying the Registrar at USciences.

My signature below is agreement that:

- I understand the FERPA statement and agree to my student records being shared between Bucks and USciences for the purpose of credit evaluation to determine the awarding of an Associate Degree from Bucks.
- I understand my USciences transcript will not be released if transcript holds exist on my academic records.
- I understand that it is my responsibility to complete all required course work prior to my associate degree being awarded in the event that additional course work is required.
- If applicable, an appropriate Associate Degree will be awarded based on my records, requirements of the degree, and credits earned. If I have completed the requirements of any degree program at Bucks, I will be awarded the degree. In some cases the awarded Associate Degree may not be the degree I declared that I was pursuing while a student at Bucks.
- This form also confirms my intention to graduate from Bucks if/when I've met the associate's degree requirements; my signature below gives permission to Bucks to award the degree and notify me of the results without further intervention on my part.
- I understand that Bucks will notify me of the results of my Reverse Transfer evaluation by email and if approved, I will receive my associate degree by U.S. mail.
- The release will remain in effect for two (2) years from the date of the signature below. I understand I have the right to rescind this authorization via a written Revocation Statement that I will submit to the USciences Registrar Office either by mail, fax, email, or in person. Further, I understand that the Revocation Statement will not affect any information that was disclosed prior to the date USciences received said statement.
- I have read, understand and consent to the Authorization to Release Information form.

Student signature: _____

Date: ____/____/____

FOR USCIENCES OFFICE USE ONLY:

Date Received: ____/____/____ Financial holds: _____

Number of Credits: USciences _____ Transferred _____

FOR BUCKS OFFICE USE ONLY:

Date Received: ____/____/____ Financial holds: _____

Meet Associate Degree Requirements: _____ Program: _____

Questions can be directed to the USciences Registrar Office via email: Registrar@uscience.edu or via phone: 215-596-8813.