



Phone: (773)602-5553 Email: reversetransfer@ccc.edu

Please complete, sign and then mail or email to the above address along with your WIU transcripts:

CCC ID#	WIU Student ID#		Birth Date (mm/dd/yy)
Last Name	First Name	Middle Name	Former/Maiden (if Applicable)
Current Street Address			
City	State	Zip	Telephone
Last Completed Term @ WIU	J Last Completed Ter	rm @ CCC	
CCC Degree Pursuing:	Associate in Science	Associate in A	Arts
Diploma Name (Print your n	ame exactly as you wish it printed c	on your CCC Diploma)	
Diploma Address (Needs to I	be an address still valid at the end c	of the semester if necessary	
City	State	Zip	Telephone
educational records canno WIU to CCC, and the relea information between the	ase of any additional academic re two institutions without the vio	ission. I authorize the relectords from CCC to WIU, lation of FERPA. I unders	ease of my academic records from
STUDENT SIGNATURE:			DATE:

A COPY OF THIS FORM WILL BE TRANSMITTED WITH THE OFFICIAL TRANSCRIPTS