

\$30.00 Graduation Fee Required & MUST accompany this request.

Umpqua Community College
Office of Admissions
541-440-7743 or 541-440-4616

graduation evaluation

PO Box 967, Roseburg, OR 97470-0226

ID Number: **800**

Input full name that will appear on your diploma.

Last Name

First

Middle

Mailing Address

City

State

Zip

Email

Phone () ____ - ____

Please report ANY changes of DEGREE, NAME, OR GRADUATION DATE to the Admissions office immediately.

Your diploma will be mailed to your last known address upon successful completion of your program.

A copy of this form will be mailed to you, as soon as the evaluation process is complete. If you have any further questions at that time, please contact the Admissions office.

I hereby acknowledge that I have read and understand the above instructions.

X _____ Date ____/____/____

Year you began your program.

(Catalog Year 20XX -20XX): _____

Degree:

Associate of Arts (Oregon Block Transfer)

Associate of Science – Articulated with:

Associate of General Studies

Associate of Applied Science – Major in:

Certificate – Major in:

Expected Term and Year of Completion:

Fall Winter Spring Summer

Year: _____

Any previously attended colleges/universities?

Yes

No

If yes, please list colleges:

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Do Not Write Below

DIPLOMA PROCESSING:

Diploma mailed to last known address

Date ____/____/____ Initials _____

Notes: _____

GRADUATION STATUS:

Approve

Accumulative GPA _____

Deny

See Evaluation

Comments: _____

Director / Registrar Approval

____/____/____
Date