



Registration and Records
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4604 | Fax 541.440.7713
Registration@umpqua.edu

Graduation Application

Graduation Fee \$50 *(Required and MUST accompany this application)*

- When your evaluation is complete, you will receive a copy of your current Degree Audit via your UCC student email.
- Commencement Ceremony information packets are mailed to all graduation applicants in May.
- Your degree will be mailed to your address listed on this application upon successful completion of your program.
- Any changes to this application must be submitted to the Registration and Records Office using the Graduation Application Change Form.

Section 1 – DEGREE NAME & ADDRESS *(Print name as you would like to appear on your degree)*

| | | | |
|--|------------|------------------------|-------------------|
| Last Name | First Name | Middle Name or Initial | Student ID Number |
| Mailing Address | | City | State |
| | | | Zip |
| <input type="checkbox"/> Update my current mailing address <input type="checkbox"/> This address is for Diploma mailing only | | | |
| Phone Number | | | |

Section 2 – DEGREE INFORMATION

Expected TERM & YEAR of completion: Summer Fall Winter Spring YEAR: _____

CATALOG YEAR: _____ *(This is the academic year you began your program)*

DEGREE:

- AAOT (Associate of Arts Oregon Transfer)
- AS (Associate of Science) in: _____
- AGS (Associate of General Studies)
- AAS (Associate of Applied Science) in: _____
- Certificate in: _____ Certificate in: _____
- Certificate in: _____ Certificate in: _____

Any previously attended colleges / universities? Yes No If yes, please list colleges: _____

Student Signature _____ **Date:** _____

Signifies Approval & Authorization

Office use ONLY

DEGREE PROCESSING:

Degree mailed to last known address
 Date ___/___/___ Initials: _____

Updated Major
 Notes: _____

Office use ONLY

GRADUATION STATUS:

Audit Frozen Date ___/___/___ Initials: _____ Accumulative GPA _____

Evaluation Email Date ___/___/___ Initials: _____

Approve Deny See Evaluation

Comments: _____

 Director / Registrar Approval & Authorization Date