



Registration & Records Office  
 PO Box 967  
 Roseburg, Oregon 97470  
 541.440.4604 | Fax 541.440.7713

# Transcript Evaluation Request

**UMPQUA COMMUNITY COLLEGE** [registration@umpqua.edu](mailto:registration@umpqua.edu)

**If you plan to graduate from UCC within 2 terms, complete a Graduation Application instead!  
 It is the student's responsibility to order official transcripts from other colleges.**

\_\_\_\_\_  
 Last Name                      First Name                      M.I.                      Student ID Number

\_\_\_\_\_  
 Mailing Address                      City                      State                      Zip

\_\_\_\_\_  
 Phone                      Former Names Used

Have you completed college coursework at UCC?     Yes     No

**Section 1 – DEGREE / MAJOR**

Please select the Degree / Major and UCC Catalog year upon which you wish the transcript evaluation to be based.

**CATALOG YEAR:** \_\_\_\_\_ (20XX – 20XX)

**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: \_\_\_\_\_

**Section 2 – OTHER COLLEGE TRANSCRIPTS**

Other colleges / universities attended:

- \_\_\_\_\_ Transcript at UCC?  Yes     No
- \_\_\_\_\_ Transcript at UCC?  Yes     No
- \_\_\_\_\_ Transcript at UCC?  Yes     No

**Section 3 – EVALUATION DELIVERY (Select one)**

- Send to my mailing address above.
- Send to my email: \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signifies Approval & Authorization.*

**OFFICE USE ONLY**

Emailed    Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Initials: \_\_\_\_\_                       Mailed    Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Initials: \_\_\_\_\_