UMPQUA Community College

Graduation Application

- When your evaluation is complete, you will receive a copy of your current Degree Audit via your UCC student email.
- Graduation Ceremony information packets will be posted on the Graduation webpage at https://umpqua.edu/academics/academic-resources/registration-records/graduation/.
- Your degree will be mailed to the 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

_____   ☐ *Update my current mailing address*   ☐ *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: _____ *(Academic year you began your program)*

DEGREE:

☐ **AAOT** (Associate of Arts Oregon Transfer) in: _____

☐ **AAT** (Associate of Arts Transfer) in: _____

☐ **AST** (Associate of Science Transfer) in: _____

☐ **AS** (Associate of Science) in: _____

☐ **AGS** (Associate of General Studies)

☐ **AAS** (Associate of Applied Science) in: _____

☐ **Certificate** in: _____   ☐ **Certificate** in: _____

☐ **Certificate** in: _____   ☐ **Certificate** in: _____

☐ **Pathway Certificate** (*Pathway Certificates are automatically awarded and do not require application. A physical certificate can be printed and mailed with this application and payment*)

Previous attended colleges / universities

   ☐ **No**   ☐ **Yes** If yes, please list colleges: _____

Student Signature_____   **Date:** _____

Signifies Approval & Authorization

Office use ONLY	*Office use ONLY* **GRADUATION STATUS:**
DEGREE PROCESSING:	☐Audit Frozen Date _____ Initials: _____ Accumulative GPA_____
☐ Degree mailed to last known address	☐Evaluation Email Date _____ Initials: _____
Date _____Initials: _____	☐ Approve ☐ Deny ☐ See Evaluation
☐ Updated Major	*Comments:* _____
Notes: _____	_____
_____	_____
	Director / Registrar Approval & Authorization *Date*

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

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