



Graduation Application Change Form

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

Please complete the following sections if you are updating or changing information from your original submitted Graduation Application.

Section 1 – PREVIOUS GRADUATION INFORMATION

Original TERM & YEAR of completion: Summer Fall Winter Spring **YEAR:** _____

Section 2 – NEW OR UPDATED GRADUATION INFORMATION – Complete all that applies

New TERM & YEAR of completion: Summer Fall Winter Spring **YEAR:** _____

New 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: _____

New CATALOG YEAR: _____

Section 3 – WITHDRAWAL and/or OPT OUT – Complete all that applies

Check here if you wish to **WITHDRAW** your Graduation application completely and DO NOT intend to complete the degree defined in Section 1 above.

Check here if you wish to **OPT OUT** of automatic awarding of Pathway Certificates.

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* _____