



Transcript Evaluation Request

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

Last Name First Name Middle Initial Student ID Number

Mailing Address City State Zip

Phone Former Names Used

Student email *(Notice of completion will be emailed to your student email.)*

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) 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: _____

Section 2 – OTHER COLLEGE TRANSCRIPTS

Other colleges / universities attended:

_____ Transcript at UCC? ☐ **Yes** ☐ **No**
_____ Transcript at UCC? ☐ **Yes** ☐ **No**
_____ Transcript at UCC? ☐ **Yes** ☐ **No**
_____ Transcript at UCC? ☐ **Yes** ☐ **No**

Student Signature _____ **Date:** _____

Signifies Approval & Authorization.

OFFICE USE ONLY

☐ Emailed Date _____ Initials: _____