



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

Graduation 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

_____ 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)
- 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

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