

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

## **Graduation Application Change Request**

Last Name	First Name	Middle Initial	Student ID Number
Phone	Email		Previous filed name?
Please com	plete the following se	ctions if you are updating or c submitted Graduation Applic	hanging information from your original ation.
Section 1 - PREVI	OUS GRADUATION INF	OPMATION	
Section I - FIVE VI	1003 GRADUATION IN	URIVIATION	
Original TERM & Y	EAR of completion:	] Summer □ Fall □ Winter	□ Spring YEAR:
Section 2 – NEW OR UPDATED GRADUATION INFORMATION – Complete all that applies			
New TERM & YEAR	R of completion: □ Su	ımmer □ Fall □ Winter	☐ Spring YEAR:
□ AS (Associate of □ AGS (Associate of □ AAS (Associate of □ Certificate in: □ Certificate in: New CATALOG YEA  Section 3 – WITH	of General Studies) of Applied Science) in:  AR:  DRAWAL and/or OPT County wish to WITHDRAW y	OUT – Complete all that applies	pletely and DO NOT intend to complete the
☐ Check here if yo	u wish to <b>OPT OUT</b> of a	utomatic awarding of Pathway C	ertificates.
Student Signature Signifies Approval & Autho			Date:
Office use ONLY			UATION STATUS:
Degree mailed to last k		Audit Frozen         Date//	
, and the second	_		
Date/Ini  Updated Major  Notes:		Approve Li Deny Li	See Evaluation
	Dir	ector / Registrar Approval & Authorization	