

Petition to Complete UCC Degree at Another Institution

Last Name	First Name	Middle Initial	Student ID Number
Section 1 – OTH	IER INSTITUTION		
I would like to co	mplete the remaining credits require	ed for my degree at:	
Name of the Univ	ersity / College		
Section 2 – DEG	REE INFORMATION		
Expected DATE o	f completion at the other institution	n: Last term attendi	ing(ed) at UCC:
☐ AS (Associate of AGS (Associate of AGS (Associate of AAS (Associate of Certificate in: ☐ Certificate in: ☐ Certificate in: ☐ Certificate of AGS (Associate of AGS (Associat	te of Arts Oregon Transfer) of Science) in: e of General Studies) of Applied Science) in: enpleted for the degree are:	Certificate in:	
Section 3 – REA	SON FOR REQUEST		
Please provide th	e reason for your request:		
calendar year from	he last 15 credit hours of course wor m my last term of attendance at Um y requirements. I understand it will b y degree.	pqua Community College. I also und	erstand that I must have met
Student Signatur	re	ı	Date:
Signifies Approval & Authorization. Denials may be appealed to the Academic Standards Committee			
OFFICE USE ONLY			
☐ Approved Reason for Denial	☐ Denied Director of Reg	gistration and Records / Registrar	Date
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