



Registration & Records Office
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4604 | Fax 541.440.7713

UMPQUA COMMUNITY COLLEGE registration@umpqua.edu

Transcript Evaluation Request

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

 Last Name First Name M.I. Student ID Number

 Mailing Address City State Zip

 Phone Former Names Used

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)
- 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

Section 3 – EVALUATION DELIVERY (Select one)

- Send to my mailing address above.
- Send to my email: _____

Student Signature _____ **Date:** _____

Signifies Approval & Authorization.

OFFICE USE ONLY

Emailed Date ___/___/___ Initials: _____ Mailed Date ___/___/___ Initials: _____