



Registration and Records  
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# Petition to Complete UCC Degree at Another Institution

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Initial                                      Student ID Number

**Section 1 – OTHER INSTITUTION**

I would like to complete the remaining credits required for my degree at:

\_\_\_\_\_  
 Name of the University / College

**Section 2 – DEGREE INFORMATION**

Expected DATE of completion at the other institution: \_\_\_\_\_ Last term attending(ed) at UCC: \_\_\_\_\_

**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: \_\_\_\_\_

Courses to be completed for the degree are:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3 – REASON FOR REQUEST**

Please provide the reason for your request:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I am aware only the last 15 credit hours of course work may be taken at the college/university listed above within one calendar year from my last term of attendance at Umpqua Community College. I also understand that I must have met the UCC residency requirements. I understand it will be my responsibility to send an official transcript upon completing the courses for my degree.

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signifies Approval & Authorization. Denials may be appealed to the Academic Standards Committee*

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>	_____ Director of Registration and Records / Registrar                                      Date
Reason for Denial _____	