Office of the Registrar
5000 North Willamette Blvd
Portland, Oregon 97203-5798
www.up.edu
(503) 943-7321

University of Portland

Application for Bachelor's Degree

Please submit this form only if you are not able to apply online through Self-Serve.

Name: _____ ID# _____

Last Name *First Name* *Middle Name*

I wish to apply for the following degree at the conclusion of the

☐ Fall Semester, 20___ ☐ Spring Semester, 20___ ☐ Summer Semester, 20___

Bachelor of _____ degree. *(Note: if applying for two simultaneous degrees, complete second application.)*

Major: _____ Second Major (if applicable) _____

Third Major (if applicable): _____

Minor (if applicable): _____ Second Minor (if applicable: _____

Third Minor (if applicable): _____

Diploma Name

I will type my legal name below exactly as I wish it to appear on my diploma.

(Please make sure to show all upper and lower cases, spacing, hyphenations or other accent marks. You may handwrite accent marks.)

_____

First Name Middle Name Last Name

Diploma Mailing Address *(Please note , if you do not pick up your diploma in the Office of the Registrar, it will be mailed to the address you provide here.)*

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Country: _____

Commencement Attendance *(Please indicate whether you will be attending Commencement or not.)*

☐ I will be attending Commencement. ☐ I will not be able to attend Commencement.

Signature of Applicant: _____ Date: _____

Please submit this form to the Office of the Registrar. ***Handwritten forms will not be accepted.***