



Registrar's Office

Willamette University
900 State Street
Waller Hall 1st Floor
Salem, OR 97301
registrar@willamette.edu

Willamette College Degree Completion Plan

Required for participation in the May 10, 2026 Salem Undergraduate Commencement Ceremony

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|---|
| Name: _____ Student ID Number: _____ |
| Email Address: _____ |
| Upon successful completion of outstanding requirements, I wish to have my degree conferred on: <input type="checkbox"/> August 31, 2026 (Official transcripts for transfer credit due in Registrar's Office by August 14, 2026) <input type="checkbox"/> January 15, 2027 (Official transcripts for transfer credit due in Registrar's Office by January 4, 2027) <input type="checkbox"/> May 16, 2027 (Official transcripts for transfer credit due in Registrar's Office by May 14, 2027) |

Please review your current degree audit, and after registering for the Spring 2026 semester, list each remaining incomplete requirement below.

Outstanding Requirement 1:

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|---|
| Name of requirement: _____ |
| I will complete this requirement with: <input type="checkbox"/> Willamette University Course Number: _____ <input type="checkbox"/> Transfer Credit (attached is a completed Transfer Credit Request form) <input type="checkbox"/> Transfer Credit (I will submit a Transfer Credit Request form at a later date) |

Outstanding Requirement 2:

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|---|
| Name of requirement: _____ |
| I will complete this requirement with: <input type="checkbox"/> Willamette University Course Number: _____ <input type="checkbox"/> Transfer Credit (please attach a completed Transfer Credit Request form) <input type="checkbox"/> Transfer Credit (I will submit a Transfer Credit Request form at a later date) |

*Attach additional pages if necessary.

Student Signature: _____ Date: _____

Registrar's Office Use Only:

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|---|
| Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| By: _____ Date: _____ |
| Copy of completed form emailed to student: <input type="checkbox"/> Date: _____ |