



SPRING 2021 DEGREE/CERTIFICATE APPLICATION

80 Vandenburg Ave, Troy, NY 12180 (518) 629-4574 www.hvcc.edu

Submission of this application does not guarantee graduation. Please view your Degree Works audit on WIREd to confirm that you have met all requirements. Contact your advisor if you have any questions.

Please print your name clearly, exactly as you wish it to appear on your diploma: **202130**

<i>First</i>	<i>Middle</i>	<i>Last</i>										
Program _____		ID Number <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 10%; text-align: center;">H</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>	H									
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Address to which you would like your diploma to be mailed:

<i>Street</i>	Phone Number: _____
<i>City</i> <i>State</i> <i>Zip</i>	Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No

In order to complete the application process, you MUST obtain the signature of your advisor or department chairperson on this application. Your completed application must be *received* by the Registrar's Office no later than the close of business on WEDNESDAY, APRIL 7, 2021 for your name to be included in the commencement program. The completed application can be submitted in-person with photo ID or by mail to Registrar's Office, Hudson Valley Community College, 80 Vandenburg Ave, Troy, NY 12180. You may still submit your application until Monday, May 3, 2021; however, your name will NOT appear in the commencement program.

By signing below, you indicate your understanding that conferral of your degree or awarding of your certificate is pending approval of any transfer credit and successful completion of any in-progress courses. If you are completing a health science program leading to licensure by NYS, your signature also serves to authorize release of information required by NYS as part of the licensure process.

Student Name	Date
Department Chairperson or Advisor	Date

Office use only: DEGR _____ DIPL _____ Printed/Mailed _____