

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.

First Middle Last ID Number	Legal Name				
Please type you name exactly as you wish it to appear on your diploma, if DIFFERENT from legal nam above: First Middle Last Please be advised that some professional and licensing boards require use of legal name in the licensing produse of a preferred/chosen name on a diploma/certificate may delay or complicate a certification or licensure process. In addition, some countries may require a diploma for various legal, immigration or employment purposes. Students should consider these potential issues when indicating a diploma name. Address to which you would like your diploma to be mailed: Is this a change of address? Yes Street City State Zip In order to complete the application process, you <u>MUST</u> obtain approval of your advisor or department chairperson as an attachment to a message from your Hudson Valle student e-mail account. After review and approval, the completed application must be forwarded to the Registrar's Office (registrar@hvcc.edu) no later than the close of business on <u>MONDAY, December 2, Pall graduates will receive information from the Student Activities Office and be invited to particip the May 2025 Commencement ceremony. Further information can also be found on the Commence webpage at <u>www.hvcc.edu/commencement</u>. By entering your name below, you indicate your understanding that conferral of your degree or awarding of yoc certificate is pending approval of any transfer credit and successful completion of any in-progress courses. I/yoc completing a health science program leading to licensure by NYS, entering your name also serves to authorize to the proves of your completion of any in-progress courses. </u>	First	Middle	Last		
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Student Name

Date