



# SUMMER 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: **202140**

<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: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></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 MONDAY, AUGUST 2, 2021; however, your name will NOT appear in the May 2021 Commencement Program. If you wish to have your name included in the May 2021 Commencement Program, this completed degree application must be submitted by WEDNESDAY, April 7, 2021. 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.**

*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.*

<b>Student Signature</b>	<b>Date</b>
<b>Department Chairperson or Advisor</b>	<b>Date</b>

Office use only: DEGR \_\_\_\_\_                      DIPL \_\_\_\_\_                      Printed/Mailed \_\_\_\_\_