



MICROCREDENTIAL COMPLETION APPLICATION

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

In order to complete the application process, you **MUST** obtain approval of your advisor or department chairperson on this application. After you have downloaded and completed this application, send it to your academic advisor or department chairperson as an attachment to a message from your *Hudson Valley student e-mail account*. After review and approval, the completed application must be forwarded to the Registrar's Office via email at registrar@hvcc.edu for the semester you wish to earn the credential. The deadline for each semester is indicated below:

Fall 2025 5 p.m. December 1, 2025
Spring 2026 5 p.m. May 4, 2026 Choose Semester of Completion _____
Summer 2026 4 p.m. August 3, 2026

Last Name

First name

HVCC ID Number:

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Submission of this application does not guarantee awarding the credential. Please review Microcredential requirements in the College Catalog (<https://catalog.hvcc.edu/>) to confirm that you have met all requirements. Please contact your advisor or the Office of Continuing Education via email at coned@hvcc.edu or via phone at (518) 629-7338, if you have any questions regarding Microcredential requirements.

Enter the title of the Microcredential or Microcredentials you are applying for below. The list of offerings may be found at the following link: <https://www.hvcc.edu/programs/microcredentials/index.html>.

Microcredential _____

Microcredential _____

Microcredential _____

By entering your name below, you indicate your understanding that the awarding of your Microcredential is pending approval of any transfer credit and successful completion of any in-progress courses.

Student Name

Date

Department Chairperson or Advisor

Date

Office use only: Reviewed _____ Met _____ Awarded Credly Badge _____