



# SUMMER 2022 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:

<i>First</i>	<i>Middle</i>	<i>Last</i>										
		ID Number										
Program _____		<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 5%; 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>	Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>State</i>	<i>Zip</i>

**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 (registrar@hvcc.edu) no later than the close of business on MONDAY, AUGUST 1, 2022; however, you name will NOT appear in the May 2022 Commencement Program. If you wish to have your name included in the May 2022 Commencement Program, this completed degree application must be submitted by MONDAY, APRIL 4, 2022.**

*By entering your name 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, entering your name 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 \_\_\_\_\_