



# SPRING 2023

## DEGREE/CERTIFICATE APPLICATION

80 Vandenburg Ave, Troy, NY 12180 (518) 629-4574 [www.hvcc.edu](http://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.

Legal Name \_\_\_\_\_  
*First Middle Last*

ID Number \_\_\_\_\_ Program \_\_\_\_\_

Please type you name exactly as you wish it to appear on your diploma, if **DIFFERENT** from legal name above:

\_\_\_\_\_  
*First Middle Last*

Please be advised that some professional and licensing boards require use of legal name in the licensing process, so use 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 ☐ No

\_\_\_\_\_  
*Street City State Zip*

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](mailto:registrar@hvcc.edu)) no later than the close of business on **MONDAY, April 3, 2023** for your name to be included in the commencement program. You may still submit your application until **Monday, May 1, 2023**; however, your name will **NOT** appear in the commencement program.

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