Application for Graduation Form

Mohawk Valley Community College 1101 Sherman Drive, Utica, NY 13501 Phone (315)792-5336 Fax (315)792-5698

Student M #	Social Security #	!	
Last Name	First Name		Middle Initial
Local or Cell Phone Number	Personal Emai	l Address	
	(check one)	Degree _	Certificate
Graduation Major / Curriculum		-	
Graduation Semester (check one) Spring	Summer	Fall	Year
If you have not attended MVCC within the	e last year, please prov	ide the sem	nester last attended.
Your diploma will be printed with your name will be mailed to the permanent home address below.			_
Street Address City	7	State	Zip Code
By completing this form, you are requesting determine if you have completed the require listed above. If you are not certified to grade complete a new form for the subsequent see	rements necessary to gluate in the term lister	graduate fro d above, yo	om the curriculum u will be required to
Note – You must have completed at least 5 70% in a degree program to apply for grade one program, you must submit an Applicat	uation. If you anticipa	te graduati:	ng from more than
Submit this form to the MVCC Office of Reexpected date of graduation. Please allow to your record and an additional 2 – 3 week	3 – 4 weeks after grad	uation for y	our degree to be posted
Student Signature			Today's Date
	Office use only		
Received by/date	Posted by/date		