

1101 Sherman Drive, Utica, NY 13501 Phone (315) 792-5336 Fax (315) 792-5698 www.mvcc.edu

## APPLICATION FOR GRADUATION

OFFICE USE ONLY

Received By/Date \_\_\_\_\_\_
Posted By/Date \_\_\_\_\_

Student M#					
Last Name	First Nan	t Name M			
Local or Cell Phone Number	ail Addres	SS			
(	Check One):				
Graduation Major / Curriculum	•	Degree	Certific	ate	
Graduation Semester (Check One)	: Spring	Sumi	mer	Fall	Year
If you have not attended MVCC wit	hin the last yea	ar, please	provide th	ie semester la	ast attended:
Street Address		elow.	e uniess y	State	Zip Code
By completing this form, you are reque have completed the requirements nece certified to graduate in the term listed a semester to be considered a candidate	essary to gradua above, you will b	ate from the	e curriculur	n listed above.	If you are not
Note – You must have completed at le program to apply for graduation. If you Application for Graduation for each de	anticipate grad	uating from		. •	•
Submit this form to the MVCC Office of graduation. Please allow 3 – 4 weeks additional 2 – 3 weeks to receive your	after graduation	for your de			
Student Signature					Today's Date