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 Email Address

_____ (check one) **Degree** _____ **Certificate** _____
Graduation Major / Curriculum

Graduation Semester (check one) **Spring** ____ **Summer** ____ **Fall** ____ **Year** _____

If you have **not** attended MVCC within the last year, please provide the semester last attended.

_____

Your diploma will be printed with the name as it appears on your academic record.
Your diploma will be mailed to the permanent home address on file unless you indicate a different address below.

_____
Street Address City State Zip Code

By completing this form, you are requesting that your academic dean review your record to determine if you have completed the requirements necessary to graduate from the curriculum listed above. If you are not certified to graduate in the term listed above, you will be required to complete a new form for the subsequent semester to be considered a candidate.

Note – You must have completed at least 50% of the total credits in a certificate program or 70% of a degree program to apply for graduation. If you anticipate graduating from more than one program, you must submit an Application for Graduation Form for **each** degree or certificate.

There is a one–time graduation fee of $35.00. Please submit this form along with a check or money order to MVCC Registrar's Office, 1101 Sherman Drive, Utica, NY 13501 or provide credit card information below and mail or fax to (315) 792-5698.

_____
Credit Card Number (VISA / MasterCard) Expiration Date VRN #

_____ _____
Student Signature Today's Date

Office use only

Received by/date _____ Posted by/date _____ Graduation fee paid_____