



MOHAWK VALLEY COMMUNITY COLLEGE

1101 Sherman Drive, Utica, NY 13501

Phone (315) 792-5336

Fax (315) 792-5698

www.mvcc.edu

Graduation Review Request Form

Student M# _____

Social Security # _____

Last Name

First Name

M.I.

Local or Cell Phone Number

Personal Email Address

(Check One):

Graduation Major / Curriculum

Degree

Certificate

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 your name as it appears on your academic record. Your diploma will be mailed to the permanent home address currently on file unless you indicate a different address below. Please check here if you want your permanent home address changed to this one. _____

Street Address

City

State

Zip Code

By completing this form, you are requesting that your Associate 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% in a degree program to apply for graduation. If you anticipate graduating from more than one program, you must submit a separate Graduation Review Request Form for each degree or certificate.

Submit this form to the MVCC Office of Records and Registration at least 60 days before your expected date of graduation. Please allow 3 – 4 weeks after graduation for your degree to be posted to your record and an additional 2 – 3 weeks to receive your diploma by mail.

Student Signature

Today's Date

OFFICE USE ONLY

Received By/Date _____

Posted By/Date _____