

APPLICATION FOR DIPLOMA

Social Security Number _____ or Student I.D. Number _____

Please print your name on the line below exactly as you want it printed on your credential(s). Your credential will be mailed to the address printed below; therefore, it is very important that you print it clearly.

(First Name) (Middle Name) (Last Name)

(Street or P.O. Box) (City) (State) (Zip Code)

Application for Diploma in _____

To be awarded by Henderson Community College for the _____ (Semester) of _____ (Year)

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Your signature above is authorization to release a student copy of your academic transcript upon completion this diploma. Students completing a degree or diploma will be mailed a free transcript along with their credential(s) to the address as printed above. If you do not want to receive a student copy of your transcript, please check below.

____ **DO NOT SEND COMPLIMENTARY TRANSCRIPT**