



**HARTWICK  
COLLEGE**  
est. 1797

# Request for Degree Completion Review

Office of the Registrar  
101 Bresee Hall  
Hartwick College  
Oneonta, NY 13820  
Tel: 607-431-4460; Fax: 607-431-4260

**Please complete this form and return it to the Registrar's Office. This form can be submitted with your Application for Readmission or prior to applying for readmission.**

Thank you for expressing an interest in finishing your degree from Hartwick! By submitting this form, the Office of the Registrar will review your record and provide you with a summary of your outstanding degree requirements. The Office will also provide you a series of 'next steps' in an effort to guide you through completing your degree. Note that in many cases you may be able to transfer in courses to satisfy general education and elective credit requirements. Outstanding requirements in your major will require a discussion with the current Department Chair to discuss your options. If you have completed courses elsewhere since leaving Hartwick, please have an official transcript from those institutions mailed directly to the Office of the Registrar as soon as possible.

Name (last/middle/first): \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hartwick ID/SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Last Hartwick term/year attended: \_\_\_\_\_

What major/degree program did you pursue? \_\_\_\_\_

Do you intend to complete this major/degree?  Yes  No

If no, what major/degree program do you intend to pursue? \_\_\_\_\_

Do you intend to return to Hartwick to complete your courses?  Yes  No  Mix of both

If no, where will you be completing your courses?\*

*\*Please include a request for Non-Hartwick Course Approval if you intend to transfer in courses to complete your degree*

Have you completed courses elsewhere since leaving Hartwick?  Yes  No

If yes, please list all colleges/universities attended below. **Official transcripts must be sent to the Registrar's Office if you would like these to be reviewed and applied to your record.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like a copy of your program evaluation mailed to you?  Yes  No

Would you like to receive a list of your remaining requirements electronically to the email listed above?  Yes  No

*\*If you check No, this information will be mailed to the address listed above*

Your signature below indicates that the information included with this application is factually correct, and honestly presented. I understand that the review process cannot begin until all application materials have been received by the Office of the Registrar.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Office Use Only**

**Transcript(s) Received:** Y / N

**Reviewed:** Y / N

**Delivered:** Y / N

**Comments:**