



RETURN THIS FORM TO: MANHATTANVILLE COLLEGE

Registrar's Office-REID 3rd Floor

2900 Purchase St

Purchase, NY 10577

Phone: 914-323-5337

**You may also fax your form to us at 914-323-5211
or scan/email it to: registrar@mville.edu**

DIPLOMA VERIFICATION FORM

* School of Education Masters/Doctoral Degree Graduates and Candidates – See Note Below

PLEASE PRINT LEGIBLY & IN INK (No Pencil Please!):

Mville ID #: _____

Phone #: _____

PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA:

First

Middle Initial or Full Name

Last

***NOTE:** School of Ed Masters/Doctoral degree students submit name verification to
SOE office on a separate form

DEGREE

___ B.A. ___ MA
___ B.F.A. ___ MFA
___ B.MUS. ___ MS
___ B.S.

DEGREE DATE (Check the box and enter the year after
the month in which you completed or will complete your
degree):

August 20___ January 20___ May 20___

Signature: _____

Date: _____

***ALL CANDIDATES: PLEASE SUBMIT THIS FORM ONLY ONCE
TO THE REGISTRAR'S OFFICE BY Monday, April 15, 2019!***