



RETURN THIS FORM TO: MANHATTANVILLE COLLEGE

Registrar's Office

2900 Purchase St., Reid Holladay Rm,

Purchase, NY 10577

Phone: 914-323-5337

You may also 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: (please check one) ___ BA ___ BS ___ BFA ___ BMUS ___ MFA ___ MS

PROGRAM: (please write in major) _____

Signature: _____

Date: _____

ALL CANDIDATES: PLEASE SUBMIT THIS FORM ONLY ONCE TO THE REGISTRAR'S OFFICE BY Monday, March 30, 2020!