



Registrar's Office

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MICROCREDENTIAL COMPLETION APPLICATION

This form may be submitted by non-matriculated students who are pursuing a microcredential OR by currently enrolled matriculated students who have completed or will complete the course requirements for a microcredential within their program by the end of the current term.

NAME: _____

(as you wish it to appear on your statement of completion)

COLLEGE ID #: _____

MAJOR/PROGRAM: _____

MICROCREDENTIAL YOU HAVE COMPLETED / WILL COMPLETE:

SEMESTER OF COMPLETION (circle one): Winter Spring Summer Fall

YEAR: _____

EMAIL ADDRESS: _____

(where you wish to receive your statement of completion, which you may then choose to share digitally or print for your records)

FOR OFFICE USE ONLY:

Requirements complete: _____

Roll to Outcome: _____

Add Priority 2: _____

Awarded (SHADEGR): _____