

DECLARATION OF NO DEGREE: 2024-2025 Award Year

STUDENT INFORMATION

Student Name: _____ HCC Student ID: _____

Mailing Address Street: _____

City: _____ State: _____ Zip: _____

Have you attended any other college or university and/or received other college/university credits?

- Yes
- No

If Yes, list all colleges/universities below and, if known, number of credits completed at each institution

College/University	Credits Completed, if Known

Have you completed an Associate or Baccalaureate (Bachelor's) Degree or the equivalent?

- Yes
- No

By my signature below, I declare under the pains and penalties of perjury that the information above is true and accurate.

Student Signature: _____ Date: _____

Mail or email to: Holyoke Community College
Financial Aid Office
303 Homestead Ave
Holyoke, MA 01040
financialaid@hcc.edu