

**DECLARATION OF NO DEGREE: 2026-2027 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