



## COMMENCEMENT INFORMATION FORM

Last Name:  First Name:  Middle Initial:

### PROGRAM OF STUDY:

Program:  Graduation Quarter:  WINTER  SPRING  SUMMER  FALL Graduation Year:

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

Name (as you would like it to appear on your diploma):  
(please print)

I **WOULD** like a diploma cover for my diploma (NO CHARGE)

### COMMENCEMENT PARTICIPATION:

I **WILL** be walking with my graduating class.  I **WILL NOT** be walking with my graduating class.

I **AM** a member of the U.S. Armed Forces

### CAP & GOWN:

Height:  Feet  Inches Gown Size:  Standard  Extra Large  Extra-Extra Large

**A \$100.00 graduation fee is assessed to all graduates, whether or not they participate in the commencement ceremony.**

Student's Signature:  Date: