Faculty/Staff
Graduation Regalia
Order Form

Name: _____________________________ Phone Number: _____________________________

Dept: _____________________________ Method of Payment: ____________________________

Please check the items you will need:

Please check the type of Degree received:
Bachelors:____ Masters:_____ DNS:____ PhD:____ MD:____

From which school did you graduate: ________________________________________________

Actual Degree Received: ____________________________________________________________

Academic Discipline: ______________________________________________________________
(i.e. Biochemistry, Medicine, Nursing, Anatomy)