Student Regalia Order Form

Name: ______________________________________________________

Expected date of graduation: ________________________________

Phone Number: _____________________________________________

Degree (Circle One):  Assoc.     Bach.     Masters
                     Doc./A.H.   DNS   MD   PhD

Discipline: __________________________________________________
            (Nursing, Medicine, Grad. Studies, Allied Health, Public Health)

Height: ______ FT. ______ IN.                                     Weight: ________