## ARKANSAS TECH UNIVERSITY-OZARK CAMPUS OFFICE OF STUDENT SERVICES



GRADUATION/REGALIA FORM			T Student ID#		Date
Name Enrolled Und	ler – (Last name, Fi	rst Middle Other	r)		
Mailing Address			Phone Number		
If earning your Asso					
·	ration College Studer <b>Ferm you will <u>com</u>p</b>				
Fall	Spring	Summer			
List Your Major:			_ Diploma Type:	Certificate	A.A.S
To order your cap and gown, please list your <b>height and weight</b> .  This information is solely used to order your academic regalia and is not disclosed to anyone.			OFFICE USE ONLY Order form processed: Date:		
Неіднт:	V	VEIGHT:		initials):	
Student Signature					
	READ AND S	IGN ONLY IF <u>NOT</u>	ATTENDING COMME	ENCEMENT	
Please read the following	g and sign below if you ar	e NOT attending gradu	ation.		
☐ I UNDERSTA		N WILL <u>NOT</u> BE OF MIND, I WILL ON	RDERED FOR ME. LY BE ALLOWED TO P E AVAILABLE FOR ME		OTIFY THE OFFICE
	Signature				