

MEASUREMENT FORM - GRADUATE LEVEL

CHECK DEGREE

- ASSOCIATE
 BACHELOR
 MASTER
 DOCTOR

CHECK ONE

- STUDENT
 FACULTY

LAST NAME		CHECK ONE MALE <input type="checkbox"/>	
FIRST NAME		MIDDLE INITIAL	WEIGHT
CAP SIZE	HEIGHT WITH SHOES FEET INCHES	FIELD OF DEGREE	
PHONE NUMBER			

NAME OF SCHOOL WHERE DEGREE EARNED
ADDRESS OF SCHOOL (CITY & STATE)

CHECK ITEMS ORDERED

- CAP, GOWN & TASSEL (UNIT) \$ _____
 HOOD (complete box below) \$ _____
 NAME OF SCHOOL WHERE DEGREE EARNED
 ADDRESS OF SCHOOL (CITY & STATE)
 GOWN ONLY \$ _____
 CAP ONLY \$ _____
 TASSEL ONLY \$ _____



SUBTOTAL	\$ _____
TAX	\$ _____
TOTAL	\$ _____
AMOUNT PAID	\$ _____
BALANCE DUE	\$ _____