

Commencement and Diploma Response Form

Name: _____

Phone: _____ Email: _____ Track: _____

Please check your program: Clinical: _____ Depth: _____ Humanities: _____ Myth: _____

Important – all candidates! Diploma Name

Please print your **legal** name as you want it to appear **on your diploma**:

Note: This name must match your Pacifica records

Do you plan to participate in your commencement ceremony? Yes _____ No _____

Please print your name as you want it to appear **in the commencement program**:
(if different from diploma)

Please indicate the phonetic pronunciation of your name:

Note: If you do not plan to attend commencement, please indicate the mailing address for your diploma:

If you plan to attend commencement, please complete the following academic regalia order information:

Gender: _____ Height: _____ Approx. size (small, med, large) or weight: _____

You may elect to purchase your hood for \$45, which will be billed to your account.

Do you wish to purchase a hood? Yes _____ No _____

Please indicate the **number of guests** who will attend your commencement: _____ (**maximum 4**)

This form must be returned by March 18th.

(Whether or not you plan to participate in commencement)

*Please return this form to: Rob Case, Registrar Coordinator Ph: 805-679-6198 Fax: 805-565-3804
Pacifica Graduate Institute, 249 Lambert Road, Carpinteria, CA 93013*