

Commencement and Diploma Order Form

Name: _____

Phone: _____ Email: _____

Please check program: Clinical: ____ Depth: ____ Depth Therapy: ____ 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

Name as you would like it to appear in the commencement program

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

The Commencement Program lists all graduates, **whether or not** they participate in the ceremony.

If you **do not** want your name to appear in the Commencement Program and the Pacifica Alumni webpage, please check here.

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:

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

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

This form must be submitted no later than April 3.

(Whether or not you plan to participate in commencement)

Please scan and return this form to: Rob Case, Registrar Coordinator, at rcase@pacific.edu