

**GRADUATE INFORMATION FORM**

**School of Veterinary Medicine**

**All questionnaires must be signed and returned by February 25<sup>th</sup>, 2008**

PLEASE PRINT:

**Full Name:** \_\_\_\_\_ **M/F(Circle)**  
**(AS YOU WOULD LIKE IT TO APPEAR IN THE COMMENCEMENT PROGRAM)**

**Will you be attending Commencement?**      Yes \_\_\_\_\_      No \_\_\_\_\_

**Will a family member be hooding you?**      Yes \_\_\_\_\_      No \_\_\_\_\_

**PLEASE NOTE: ANYONE HOODING A GRADUATE MUST HAVE A MEDICAL DEGREE**

**Name of person hooding** \_\_\_\_\_

**His/Her Height (with shoes):** \_\_\_\_\_ **Hat Size (circumference in inches)** \_\_\_\_\_

**Your Mailing Address:** **TICKETS WILL BE SENT TO THIS ADDRESS IN MAY**  
**\*\*\*PLEASE USE A PERMANENT ADDRESS \*\*\***

\_\_\_\_\_  
\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Finances:** Contact the Department of Student Finances at 631-665-8500 to clear any outstanding balances. **Failure to do so will result in ticket delays or may possibly jeopardize your graduation status.**

PLEASE COMPLETE THE FOLLOWING FOR GRADUATE CAP AND GOWN SIZING:

**Height (with shoes):** \_\_\_\_\_

**Hat Size (circumference in inches)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Forms can be mailed or faxed to:**  
**University Services - 1 East Main Street - Bay Shore - NY - 11706 - ATTN: Graduation**  
**Fax: 631-665-2827**