



PHILADELPHIA · COLLEGE · OF · OSTEOPATHIC · MEDICINE

Hooding Information Form

Graduate's Name \_\_\_\_\_

Relative's Information

Name of Relative

Relationship to Graduate

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Relative's size information for academic regalia

I have my own cap, gown, hood \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please complete the following

Hat Size \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_