

203 Rowland Hall · 4190 City Ave · Philadelphia, PA 19131
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Graduation ceremony information can be found at: <http://www.pcom.edu/commenc/Commencement.html>

Student Information: Please PRINT

Name: _____ SSN/Banner ID: _____

Name as you would like on diploma: _____

Program/Degree: _____ Email: _____

Phone Number: (____) _____ - _____ Campus: Philadelphia Georgia

Current Address: _____

Program Information: Please PRINT

Hometown City and State: _____

Previous Degrees:

College _____ Degree _____ Major _____ Year _____

College _____ Degree _____ Major _____ Year _____

College _____ Degree _____ Major _____ Year _____

College _____ Degree _____ Major _____ Year _____

Commencement Information: Please PRINT

Will you attend Graduation Ceremony YES NO

CAP AND GOWN ORDER: Height _____ ft _____ inches Weight _____

I hereby authorize Philadelphia College of Osteopathic Medicine to publish my name, hometown and previous degrees in the Graduation Booklet.

Students Signature _____ Date: _____

REGISTRAR'S OFFICE USE ONLY: Processed By: _____ Date: _____