



Hooding Information Form

Graduate's Name: _____

Relative's Information

Name of Relative: _____

Relationship to Graduate: _____

Street Address

Osteopathic/Allopathic College attended:

City

Year of Graduation: _____

State

Zip

Relative's size information for academic regalia

I have my own cap, gown and hood. ____ Yes ____ No

If no, please complete the following:

Hat Size _____ **Weight** _____ **Height** _____

I certify that the above information is accurate.

Signature of graduate

Date

Return by APRIL 1 to:

Carol A. Fox
Associate Vice President for Enrollment Management
Philadelphia College of Osteopathic Medicine
4170 City Avenue
Philadelphia, PA 19131