

DCC Graduation Gown Order Form

Print your name clearly and as you would like it announced at Graduation

Last Name First Name Middle Initial A-Number

Mailing Address

City/State/Zip Code

E-Mail Address: _____ FIELD OF STUDY: _____

Check one: MALE: _____ OR
HEIGHT _____ Feet _____ Inches WEIGHT _____ FEMALE: _____

RETURN APPROVED FORM TO THE BOOKSTORE – Dutchess Hall Rm 220

***FOR OFFICE USE ONLY* Registrar Approval for Ceremony:**

January: _____ May: _____ August: _____ Early August: _____

Initial/Date: _____

STAMP:



**REGISTRAR
APPROVED**