

ATTACH CHECK HERE

# 2019 COMMENCEMENT CAP, GOWN AND HOOD ORDER FORM

PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL OR  
DEPARTMENT IN THE SCHOOL OF MEDICINE.

NAME: \_\_\_\_\_

RANK:    INSTRUCTOR        ASSISTANT PROFESSOR        ASSOCIATE PROFESSOR        PROFESSOR

SCHOOL OR SCHOOL OF MEDICINE DEPARTMENT: \_\_\_\_\_

**I have my own regalia including:    Cap    Gown    Hood**

**ALL THREE PIECES  
ARE REQUIRED**

Please order the selected regalia below—ALL THREE PIECES—CAP, GOWN AND HOOD ARE REQUIRED

DOCTORATE	CAP & GOWN (\$27.00)	HOOD (\$27.00)	CHOOSE TOTAL	<b>\$27.00</b>	<b>\$54.00</b>
MASTER'S	CAP & GOWN (\$26.00)	HOOD (\$26.00)	CHOOSE TOTAL	<b>\$26.00</b>	<b>\$52.00</b>
BACHELOR'S	CAP & GOWN (\$25.00)	HOOD (\$25.00)	CHOOSE TOTAL	<b>\$25.00</b>	<b>\$50.00</b>

HIGHEST DEGREE HELD \_\_\_\_\_ FROM WHAT SCHOOL \_\_\_\_\_

HEIGHT \_\_\_\_\_ JACKET SIZE \_\_\_\_\_ CAP SIZE OR HEAD SIZE IN INCHES \_\_\_\_\_

## PAYMENT INFORMATION

CHECK ENCLOSED (PAYABLE TO UMMC BOOKSTORE)

CREDIT CARD    VISA    MASTERCARD    CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

PRINTED NAME OF CARD HOLDER \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

BILLING ADDRESS OF CARD HOLDER \_\_\_\_\_

CHARGE TO UMMC DEPT: ACCOUNTING UNIT \_\_\_\_\_ ACTIVITY NUMBER FOR GRANTS \_\_\_\_\_

**REQUIRED:** PRINTED NAME OF APPROVED DEPARTMENT PURCHASER \_\_\_\_\_

**I AM UNABLE TO ATTEND COMMENCEMENT THIS YEAR  
AND HAVE APPROVAL FROM MY SUPERVISOR.**