



Complete this form if you are an undergraduate in a professional program (Doctor of Pharmacy, Doctor of Physical Therapy, Doctor of Occupational Therapy, Master of Occupational Therapy) receiving your baccalaureate degree (Bachelor of Science in Pharmaceutical and Healthcare Studies or Bachelor of Science in Health Science) in the 2011-2012 academic year.

Please print your name as you would like to see it printed on your diploma and in the Conferment Ceremony Program. The name you provide on this form will affect only those two documents. If you submit a name that is different from what is on official USciences records it will not change what is on USciences records (including your official transcript). You must file a name change form with the Registrar's Office in order for your University records to reflect a name change. There is also a space for the phonetic description of your name as you would like it pronounced at the Ceremony.

First Name Middle Last Name USciences ID

Phonetic pronunciation of name Email address

Degree

I will be receiving a:

- BS in Pharmaceutical & Healthcare Studies
- Bachelor of Science in Health Science

I will also receive a minor in:

Ceremony

- Yes**, I plan to participate in the Bachelor Degree Conferment Ceremony May 18, 2012.
- No**, I do not plan to participate in the Bachelor Degree Conferment Ceremony.

Cap & Gown

feet inches lbs. Height Weight

- Cap: One size fits all
 I need a larger size

Media Release

Please provide your hometown zip code if you would like a media release sent to your hometown newspaper:

Diploma Address

Your diploma will be sent to you 4-6 weeks after degree conferral. Please provide an address where you would like to have your diploma delivered.

Please send my diploma to:

Name

Address

Address

City State Zip

Signature

Student Signature Date

BS/BSHS Conferment Ceremony 2012