



# New York Medical College

OFFICE OF UNIVERSITY REGISTRAR  
VALHALLA, NY 10595

Commencement Information For May \_\_\_\_\_

For Office Use Only \_\_\_\_\_

Paid  PhD Survey  Ent. PS  File  Database

School of Medicine  School of Health Sciences & Practice  Basic Medical Sciences Are you reapplying?  Yes  No

Student ID# \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Current Date \_\_\_\_\_

**NAME: (as it is to appear on your official diploma and school record)** Please print your name in upper and lower case letters.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**DEGREE(S) and PROGRAMS(S) for which you are applying:** Please check all that apply so that we will know if you are in a combined program.

MD  MS  MPH  DrPH  PHD  DPT PROGRAM \_\_\_\_\_  
 MD  MS  MPH  DrPH  PHD  DPT PROGRAM \_\_\_\_\_

**PRIOR DEGREE(S) EARNED: (DO NOT LIST Associate degrees, certificates or majors)**

**DEGREE(S) EARNED:** Prior degrees are listed in the Commencement Program. It is required that all transcripts from schools you attended be in your file. This includes an official, final transcript of your undergraduate, post-baccalaureate and/or Graduate coursework, showing all degrees awarded.

DEGREE ONLY e.g. BA SCHOOL (FULL NAME) e.g. City University of New York, Example College COUNTRY \_\_\_\_\_

DEGREE ONLY e.g. MS SCHOOL (FULL NAME) e.g. State University of New York at Example COUNTRY \_\_\_\_\_

DEGREE ONLY SCHOOL (FULL NAME) COUNTRY \_\_\_\_\_

DOCTORAL students must **type** their Thesis title below (please use the back if you need more space).

Thesis Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Thesis Advisor Name/Title: \_\_\_\_\_

**BMS STUDENTS ONLY:** Program Director's signature is **required**.

Program Director's Signature \_\_\_\_\_

**FEES:** [MS, MPH, DrPH \$100] [PHD \$110] [MD, DPT, MS Speech \$0]

Medical Students (MD), Physical Therapy (DPT), Speech Language Pathology (MS Speech) and students who have previously paid a graduation fee have no fees due.

Student Signature \_\_\_\_\_

**ATTENDING CEREMONY**

If you are attending the ceremony you must fill out the Herff Jones Cap & Gown form below.

Please fill in all the required fields.

Yes, I will be attending

**NOT ATTENDING CEREMONY**

If you are not attending the ceremony please provide the following information for the release of your diploma. Please **DO NOT** fill out the Herff Jones Cap & Gown form.

I will pick up my diploma  
 Please mail my diploma to the address below: (No PO Box or International Address)

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**COMPANY COPY**

**PLEASE PRINT**

LAST NAME		CHECK ONE	
FIRST NAME		MALE <input type="checkbox"/>	
MIDDLE INITIAL		FEMALE <input type="checkbox"/>	
WEIGHT			
CAP SIZE	HEIGHT WITH SHOES	FULL TITLE OF DEGREE	
	FEET   INCHES		
PHONE NUMBER			
NAME OF SCHOOL PLACING ORDER			
CITY & STATE			

CHECK ITEMS ORDERED	QUANTITY	AMOUNT
LINE 1 <input checked="" type="checkbox"/> CAP, GOWN & GRADTASSEL (UNIT)	\$	_____
LINE 2 <input checked="" type="checkbox"/> HOOD (FILL OUT BELOW)		_____
COLLEGE/UNIVERSITY CONFERRING DEGREE		
CITY & STATE		
LINE 3 <input type="checkbox"/> GOWN ONLY		_____
LINE 4 <input type="checkbox"/> CAP ONLY		_____
LINE 5 <input type="checkbox"/> GRADTASSEL ONLY		_____
LINE 6 <input type="checkbox"/> SOUVENIR TASSELS		_____
LINE 7 <input type="checkbox"/> OTHER		_____

**HERFF JONES**  
CAP & GOWN DIVISION  
An employee owned company

SUB TOTAL	_____
TAX	_____
TOTAL	_____
AMOUNT PAID	_____
BALANCE DUE	_____

8516-0810-3306 ©2003, Moore North America, Inc. All rights reserved. - 0221

#110592  
E02

**MEASUREMENT FORM  
GRADUATE**

**CHECK DEGREE**

- ASSOCIATE
- BACHELOR
- MASTER
- DOCTOR

**CHECK ONE**

- STUDENT
- FACULTY

# CALCULATING YOUR CAP SIZE

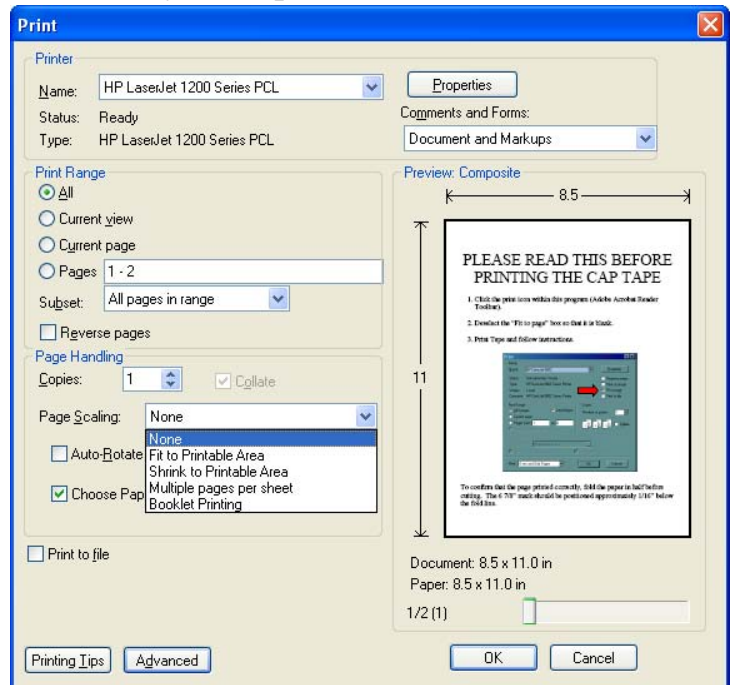
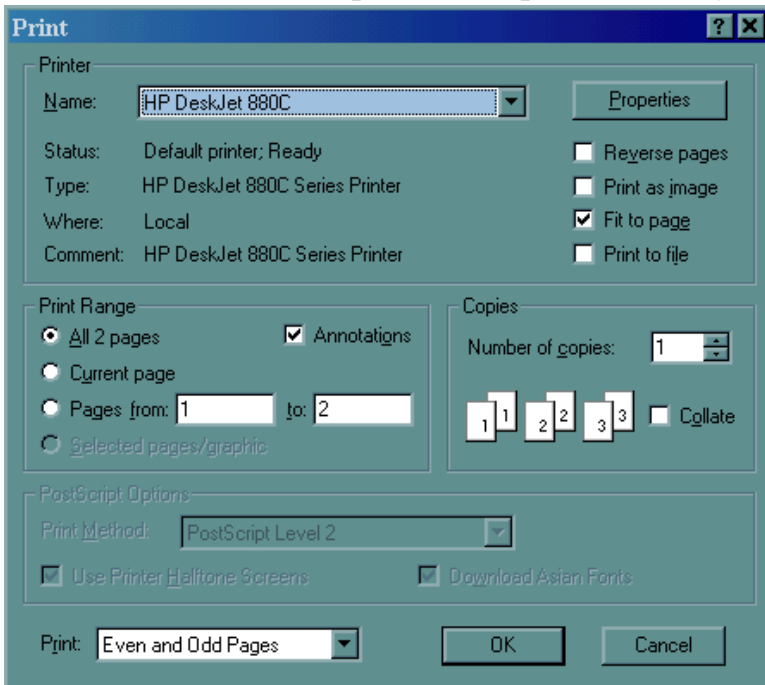
**OPTION 1:** You may measure your head with a measuring tape and convert the inches to the Actual Cap Size below.

Cap Size in Inches	Actual Cap Size
19 – 19 1/2”	6 1/4
19 5/8 – 19 7/8”	6 3/8
20 – 20 1/4”	6 1/2
20 3/8 – 20 5/8”	6 5/8
20 3/4 – 21”	6 3/4
21 1/8 – 21 3/8”	6 7/8
21 1/2 – 21 7/8”	7
22 – 22 1/4”	7 1/8
22 3/8 – 22 5/8”	7 1/4
22 3/4 – 23”	7 3/8
23 1/8 – 23 3/8”	7 1/2
23 1/2 – 23 3/4”	7 5/8
23 7/8 – 24 1/8”	7 3/4
24 1/4 – 24 1/2”	7 7/8
24 5/8 – 25”	8

**OPTION 2:** You may print out the Cap measuring tape to measure your cap size.

## PLEASE READ THIS BEFORE PRINTING THE CAP TAPE

1. Click print button (Adobe Acrobat Reader Toolbar).
2. **Uncheck** the “Fit to page” box so that it is blank OR change **Page Scaling to NONE** (if this is not done, the tape will not print correctly and therefore your cap size will be incorrect)



3. Click OK to print.

# How To Determine Your Cap Size

Print this form at 100% and carefully cut out the three pieces along the dotted lines. Tape the end of B to Line B so the arrows match. Tape the end of C to Line C so the arrows match. Once you have assembled the cap tape, measure your cap size.

A

8

7<sup>7</sup>/<sub>8</sub>

7<sup>3</sup>/<sub>4</sub>

7<sup>5</sup>/<sub>8</sub>

7<sup>1</sup>/<sub>2</sub>

7<sup>3</sup>/<sub>8</sub>

7<sup>1</sup>/<sub>4</sub>

7<sup>1</sup>/<sub>8</sub>

7

6<sup>7</sup>/<sub>8</sub>

6<sup>3</sup>/<sub>4</sub>

6<sup>5</sup>/<sub>8</sub>

6<sup>1</sup>/<sub>2</sub>

6<sup>3</sup>/<sub>8</sub>

6<sup>1</sup>/<sub>4</sub>

Line B

B

For CLASSRENTAL™ and  
CLASSKEEPER™ Measurements

To find your correct cap size, place tape around your head  
about one inch above your ears. Pull tape snug, but not tight.  
The number where the tape meets shows the correct cap size to order.

Line C

C

#000474 www.herff-jones.com

**H** HERFF JONES  
CAP & GOWN DIVISION  
*An employee owned company*

INDICATE  
CORRECT CAP SIZE  
ON ORDER FORM

© Copyright, Herff Jones Company of Indiana, Inc., 2001. All rights reserved.

Vertical Panel A should be 8 3/4" long	Vertical Panel B should be 8 3/4" long	Vertical Panel C should be 8 1/2" long
Before cutting, please check the <b>length</b> of each panel from dashed top to dashed bottom.		