

Front of Card



Please hand this completed card to the person reading your name at your satellite ceremony.

Print Name: _____

(First)

Middle (optional)

Last

Phonetic Spelling: _____

(if necessary)

(First)

Middle (optional)

Last

All Major (s): _____

All Minor (s): _____

Please fill out reverse of card. Your proofs will be delivered to you within 20 hours of the ceremony to the email you provided.

Congratulations and best wishes!

Dean Howard Gillman

Student ID _____

Email address: _____
(for notification of online access to proofs)

Permanent or Parental Address

Street

City

State Zip Code

Phone #: (____) _____

Post Graduation Plans Include:

Graduate or Professional School
Please describe: _____

Employment
Please describe: _____

Other Plans/Comments
Please describe: _____

