

Last Name: _____ First Name: _____

Student ID #: _____ Date: _____

Phone #: _____ E-mail: _____

School Name: University of Rio Grande, Rio Grande, OH 45674

Degree Type: Associate Bachelor Master of Education

Gender: Male Female

Cap Size: Regular XL

GOWN MEASUREMENTS: accurate measurements ensure proper gown size:

Weight (pounds) _____ Height (feet and inches) _____

Cap-Gown-Tassel (Basic Graduation Outfit): 1

Degree Color Hood for Master Students: 1

***Return completed form and Application for Awarding of the Degree to the Registrar's Office
in person to the Reardon One-Stop, Florence Evans Hall, or mail to: PO Box 500, Rio Grande, OH 45674,
or FAX to (740) 245-7445 or via e-mail at records@rio.edu.***