

VISION INTERNATIONAL UNIVERSITY OF FLORIDA



Graduation Information 2009-2010

Campus Name : _____

Please Print clearly

YOUR EXACT NAME TO APPEAR ON DIPLOMA

Please Print your name above, exactly as you want it to appear on your diploma.
Por favor, escriba su nombre (en letra de molde) como desea que aparezca en su Diploma.

DEGREE – TITULO: _____

(Certificate / Associate / Ministerial Diploma / Bachelor /
Master / Doctor of Ministry / Ph.D.)

* Please put emphasis if other than Theology

CAP AND GOWN MEASUREMENTS

Your Height in Inches: _____ Ft. _____ Inches

(Example 5 – Ft. – 8 In)

Su Estatura en Pulgadas

You Weight: _____ Lbs.

Su Peso

Please return this form during Class or fax to (817) 835-0536