



Cap & Gown Order  
Fall 2009 Graduates Only

Name: \_\_\_\_\_

WKU#: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Undergrad Degree\_\_\_ Graduate Degree\_\_\_ (please check one)

Degree Earned\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Contact #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

**Deadline** to receive your request is: November 20, 2009

**Pick up Date/Time/Location:** December 1, 2-5pm, Elizabethtown office room 401.

Please drop form off at our Elizabethtown office or mail to:

Gail Ledford  
610 College St Rd  
Elizabethtown KY 42701