

(Submit to registrar-sd@pacificcollege.edu)

Date _____ Name (to be written on diploma) _____

Phone Number _____ Email _____

Program of Study

- | | | | |
|--------------------------------|-------------------------------|---|--------------------------------|
| <input type="checkbox"/> AS | <input type="checkbox"/> AAS | <input type="checkbox"/> MTh/AB | <input type="checkbox"/> MSHHP |
| <input type="checkbox"/> MSTOM | <input type="checkbox"/> DACM | <input type="checkbox"/> Health Coach Certificate | |
| <input type="checkbox"/> TDACM | <input type="checkbox"/> TDAC | <input type="checkbox"/> Medical Cannabis | |

Please allow 6-7 weeks to receive your diploma in the mail, after the last day of the term.

- All balances must be paid in full.
- All course work must be completed.
- All co-requisites/pre-requisites must be fulfilled.

If you are uncertain about your co-req/pre-reqs, please contact your Academic Advisor.

I request Pacific College official transcripts to be sent to the following agencies for my licensing exam (select all that apply):

- CAMTC/FSMTB CAB NCCAOM

**Official transcripts are released after grades are posted and an audit has been completed. Please allow at least two weeks after the last day of the semester.*

Please include your current mailing information so that our system may be updated, and we can continue to send you information on upcoming events.

Current Mailing Address _____

**If you move, please make sure to update your address with the college. There will be a \$25 charge for duplicate diplomas, if you fail to inform us of your move.*

Have you completed an Exit Interview? If not, please contact:

Undergraduate program: Elaine Elefano at eelefano@pacificcollege.edu

Graduate and online programs: Valerie Razutis at vrazutis@pacificcollege.edu

FOR OFFICE USE ONLY

Diploma Order Date: _____ Staff Initial: _____