

(Submit to registrar-sd@pacificcollege.edu)

Name (to be written on diploma) \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Program of Study				
<input type="checkbox"/> AAS	<input type="checkbox"/> DACM	<input type="checkbox"/> MSN	<input type="checkbox"/> MTh/AB	<input type="checkbox"/> TDACM
<input type="checkbox"/> AAS Yoga Teacher	<input type="checkbox"/> Health Coach Certificate	<input type="checkbox"/> MSHHP	<input type="checkbox"/> Nursing Cert	
<input type="checkbox"/> BSN	<input type="checkbox"/> Medical Cannabis	<input type="checkbox"/> MSTOM	<input type="checkbox"/> TDAC	

**Please allow 7-9 weeks to receive your diploma in the mail, after grades have become available.**

- 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 program 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 \$50 charge for duplicate diplomas, if you fail to inform us of your move.*

**FOR OFFICE USE ONLY**

Diploma Order Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_