College of Fine Arts

Graduation Pronunciation Form

Please record your name as you wish it announced at commencement:

NAME:____

Last

First

Middle

Please supply the PHONETIC SPELLING OF THE ABOVE so that your name will be pronounced correctly at commencement:

| Last | First | Middle |
|-----------------------------|--|--------|
| Please return this form to: | Graduate Studies College of Fine Arts TCU Box 297550 Fort Worth, TX 76129 | |
| or: | Graduate Studies College of Fine Arts 113A Ed Landreth | |