

FULL PROGRAM COMPLETER/GRADUATION CHECKLIST

Student Name: _____ Student Signature: _____

Program Name: _____ Student ID: _____

Instructor Signature: _____ Date: _____

TO BE COMPLETED BY STUDENT: Post Program Plans (Check all that apply.)

____ I have taken and passed a certification/licensure exam. Name of exam: _____

____ I am scheduled to take my certification/licensure exam. Date scheduled: _____

____ I have taken my certification/licensure exam but did not pass. Name of exam: _____

____ I have secured employment in a field related to my program of study.
Employer: _____ Job Title: _____

____ I am still seeking employment.

____ I do not plan to work in a field related to my program of study.

TO BE COMPLETED BY INSTRUCTOR (Instructor Must Initial)

____ Will be graduating in: December May (Circle one)

____ Estimated Completion Date: _____

TO BE COMPLETED BY STUDENT SERVICES (Student Services Staff Must Initial)

____ Update student contact information

____ Verify full program completer status (hours, testing, HS transcript, etc.)

TO BE COMPLETED BY REGISTRATION OFFICE (Building 8)____ Clear any outstanding balances (Bookstore, miscellaneous fees and any financial aid obligations.) **Student will not be able to participate in graduation/pinning ceremony or receive a transcript/completion certificate if student has outstanding fees.**

____ If walking in graduation, student must pay non-refundable graduation and/or pinning ceremony fees.