



**Med College**  
**3418 West 84th Street, Suite 106 Hialeah, FL 33018**  
**Ph: (786) 792 3350**  
**E-mail: info@medcollege.edu**

## Application for Graduation

### Section A: Personal Information

**Please Print or Type the Information** **Date:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Section B: Financials

Does the student meet all financial requirements for graduation?

75% of tuition paid.      Yes \_\_\_\_\_      No \_\_\_\_\_

Completed Exit Counseling Yes \_\_\_\_\_      No \_\_\_\_\_

If no, explain: \_\_\_\_\_

Financial Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section C: Registrar

Does the student returned ID Badge, or pay \$15.00 penalty fee?

Yes \_\_\_\_\_      No \_\_\_\_\_

Does the student successfully complete all didactic activities and is ready for graduation?

Completed all didactic courses with a grade of "C" or above.

Yes \_\_\_\_\_      No \_\_\_\_\_

If no, explain: \_\_\_\_\_

Admission Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Application for Graduation Cont.

### Section D: Clinical

Does the student successfully complete all clinical activities and is ready for graduation?

Complete number of Clinical Hours stated in the enrollment agreement.

Completed all Clinical Competencies with a grade of "C" or above

Completed all Clinical Evaluations with a grade of "C" or above.

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_

Clinical Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section E: Job Placement

Does the student successfully complete all job placement documentations and training and is ready for graduation?

Complete Job Placement Workshop

Complete Curriculum Vitae (Resume)

Completed Exit Interview Form

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_

Job Placement Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section F: Program Director Approval

Does the student successfully complete all program graduation requirements and is ready for graduation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_