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FULL PROGRAM COMPLETER/GRADUATION CHECKLIST

Student Name:		Student Signature:
Program Name:		Student ID:
Date:		
TO BE COMPLETED BY STUD	DENT: Post Program Pl	ans (Students initials)
If walking in graduation	, student must pay non	-refundable graduation and/or pinning ceremony fees.
miscellaneous fees and finar Certificate will not be distri graduation activities only.	ncial aid obligations bas buted until all outstan	tanding fee(s) including but not restricted to Bookston sed on term close-out processes. Transcript and Completion adding balances are cleared. Graduation fee covers cost tendance until the end of the term
	-	
<u>YES</u> <u>NO</u> I have secured em	ployment in a field rela	ited to my program of study.
Employer:		
Job Title:		
TO BE COMPLETED BY INST	RUCTOR (Instructor M	lust Initial)
taken and passed a cert	ification/licensure exar	m. Name of exam:
Will be graduating in:	December May	y (Circle one)
Estimated Completion [Date:	
		Instructor Signature
TO BE COMPLETED BY STUD	DENT SERVICES (Stude	nt Services Staff Must Initial)
Update student contact	information	
Verify full program comp	oleter status (basic skills	s met, HS transcript, etc.)
Student has completed I	Exit Survey.	
Employment Informatio	n verified/updated in FC	DCUS.
TO BE COMPLETED BY REGI	STRATION OFFICE (Bu	ilding 8)
	•	s fees and any financial aid obligations.) Date: