Shelly Bell Director Matt Zadra Assistant Director Tiffany Williams Assistant Director

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FULL PROGRAM COMPLETER/GRADUATION CHECKLIST

Student Name:	Student Signature:
Program Name:	Student ID:
Instructor Signature:	Date:
TO DE COMPLETED DV STUDENT, Doct	Drogram Plans (Chack all that apply)
TO BE COMPLETED BY STUDENT: Post	
I have taken and passed a certificat	cion/licensure exam. Name of exam:
I am scheduled to take my certificat	tion/licensure exam. Date scheduled:
I have taken my certification/license	ure exam but did not pass. Name of exam:
I have secured employment in a fiel Employer:	ld related to my program of studyJob Title:
I am still seeking employment.	
I do not plan to work in a field relat	ed to my program of study.
TO BE COMPLETED BY INSTRUCTOR (Ir	nstructor Must Initial)
Will be graduating in: December	er May (Circle one)
Estimated Completion Date:	
TO BE COMPLETED BY STUDENT SERV	ICES (Student Services Staff Must Initial)
Update student contact informatio	n
Verify full program completer status	s (hours, testing, HS transcript, etc.)
Verify Exit Survey is complete (Job P	Placement)
TO BE COMPLETED BY REGISTRATION	OFFICE (Building 8)
	okstore, miscellaneous fees and any financial aid obligations.) The student graduation/pinning ceremony or receive a transcript/completion ling fees.
If walking in graduation, student mu	ust pay non-refundable graduation and/or pinning ceremony fees.