



**Med Academy**  
3418 West 84th Street, Suite 106 Hialeah, FL 33018  
Ph: (786) 792 3350  
E-mail: info@medacademy.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: \_\_\_\_\_