



LAS VEGAS CAMPUS **GRADUATION PETITION** Exit Interview Check-Out Sheet

CONGRATULATIONS ON YOUR PROGRESS IN YOUR TRAINING PROGRAM AT PIMA MEDICAL INSTITUTE! IN ORDER TO DETERMINE AND DOCUMENT YOUR ELIGIBILITY FOR GRADUATION, AND TO EFFICIENTLY PROCESS YOUR EXIT PAPERWORK, PLEASE COMPLETE THE STUDENT SECTION BELOW, THEN VISIT EACH OF THE OFFICES INDICATED IN THE ADMINISTRATIVE AND EDUCATION SECTIONS. RETURN THIS COMPLETED FORM TO THE OFFICE MANAGER.

S T U D E N T	NAME (LAST) (FIRST) (MI)		SOC. SEC. NO.	PHONE NUMBER
	ADDRESS			
	PLEASE KEEP PIMA NOTIFIED OF ANY CHANGE OF ADDRESS			
	COURSE/SHEET	DATE OF START	PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA	
	<input type="checkbox"/> I DESIRE <input type="checkbox"/> I DO NOT DESIRE TO PARTICIPATE IN THE NEXT GRADUATION CEREMONY			

A D M I N I S T R A T I V E	ACCOUNTING Accounting Audit Completed. Current Student Balance: \$ _____		REMARKS: _____
	OFFICE MANAGER	DATE	
	FINANCIAL AID Financial Aid Exit Completed. All FA Requirements Satisfied. (STU INT) _____ Loan Repayment Info Received.		REMARKS: _____
	FINANCIAL AID OFFICER	DATE	
	PLACEMENT Placement Assistance Agreement Completed. Placement Exit Interview Conducted.		REMARKS: _____
	PLACEMENT DIRECTOR	DATE	PLACE AND DATE OF EMPLOYMENT (IF APPLICABLE)

E D U C A T I O N	Instructor Certification I certify that the above named student has satisfactorily completed all phases of his/her training program and has otherwise met all of the prescribed requirements for graduation.		Special Awards / Certifications <input type="checkbox"/> None <input type="checkbox"/> As Listed:
	Attendance: _____	Grade Average: _____	Letter Grade: _____
	Graduation Date/Last Date of Attendance: ____/____/____		REMARKS: _____
	PROGRAM DIRECTOR OR INSTRUCTOR	DATE	

CAMPUS DIRECTOR	Remarks: _____	CAMPUS DIRECTOR	DATE
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