

**Med Academy**  
3420 West 84<sup>th</sup> Street, Suite 104 Hialeah, FL 33018  
Ph: (786) 271-0987  
E-mail: medacademy@ymail.com

## 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 \_\_\_\_\_

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 completed 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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### Section D: Clinical

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

- Complete Job Placement Work Shop
- 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 completed all program graduation requirements and is ready for graduation?

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

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

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