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FULL PROGRAM COMPLETER/GRADUATION CHECKLIST

Student Name:	Student Signature:
Program Name:	Student ID:
Instructor Signature:	Date:
TO BE COMPLETED BY STUDENT:	Post Program Plans (Check all that apply.)
I have taken and passed a cert	tification/licensure exam. Name of exam:
I am scheduled to take my cer	tification/licensure exam. Date scheduled:
I have taken my certification/licensure exam but did not pass. Name of exam:	
	a field related to my program of study. Job Title:
I am still seeking employment	
I do not plan to work in a field related to my program of study.	
TO BE COMPLETED BY INSTRUCTOR (Instructor Must Initial)	
Will be graduating in: Dec	cember May (Circle one)
Estimated Completion Date:	
TO BE COMPLETED BY STUDENT S	SERVICES (Student Services Staff Must Initial)
Update student contact inform	nation
Verify full program completer status (hours, testing, HS transcript, etc.)	
TO BE COMPLETED BY REGISTRATION OFFICE (Building 8)	
Clear any outstanding balances (Bookstore, miscellaneous fees and any financial aid obligations.) Student will not be able to participate in graduation/pinning ceremony or receive a transcript/completion certificate if student has outstanding fees.	
If walking in graduation, student must pay non-refundable graduation and/or pinning ceremony fees.	