GRADUATION REQUEST FORM
ACADEMY COLLEGE

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TODAY'S DATE:
STUDENTS – YOUR FULL NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA:

Your Program Name (BE SURE TO INDICATE DEGREE OR CERTIFICATE):	Graduation Date:
Home Address:	Home Phone:

City:	State:	Zip:

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FINANCIAL AID DEPARTMENT:

	LENDERS	**AMT RET** (if applicable)
❑ Balance $_____	_____	$_____
❑ Exit Interview complete: ☐ Yes ☐ No	_____	$_____
❑ Date completed:_____	_____	$_____

APPROVAL: Signature by Financial Officer:

_____ Date_____

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PLACEMENT DEPARTMENT:

❑ Employment goals discussed.
❑ Completed and/or received a resume, cover letter, demo reel, degree conferred form, graduate survey and placement waiver form (if applicable).
❑ Graduate's information entered into "CLASS" database.

APPROVAL: Signature by Job Placement Coordinator:

_____ Date_____

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EDUCATION: Final Review

❑ Program completion requirements have been satisfactory met.
❑ Grad Final Yes ☐ Grad Final No ☐ **Admin:** Letter Sent_____Ltr:GDVFYFIN(Code: GDVFYF)
   Change graduation date if requirements not met (Submit Status Change Form To DOA).

APPROVAL: Signature by Director of Education

_____ Date_____