



Toledo
CAREER INSTITUTE

Application to Graduate

Student Name _____

Program _____

Dear Program Director:

I verify that I have met all academic and financial requirements for program graduation. I request your clearance/ approval for graduation.

I ___will be ___will not be ___N/A attending the graduation ceremony.

Sincerely,

Student Signature

Date

PROGRAM DIRECTOR CLEARANCE
(Forward to School Director)

Verified that the student has met all requirements to graduate:

Academic requirements: ___Yes ___No

Financial requirements: ___Yes ___No

Is student approved for graduation? ___YES ___NO

If NO, remedial action needed/ recommended: _____

If requirements not met, has student been notified of same? ___Yes ___No

Other comments:

Program Director

Date