Part I - To Be Completed By Student

STUDENT NAME: ____________________________

Last First Middle
ADULT ID: ____________________________ HIGH SCHOOL ID: ____________________________

ADDRESS: ____________________________________________________________

City State Zip
HOME NUMBER: ____________________________ WORK NUMBER: ____________________________ CELL NUMBER: ____________________________

E-MAIL ADDRESS: __________________________________________________

GENDER: □ M □ F ETHNICITY: ____________________________ PROGRAM: ____________________________

For Office Use Only

PART II - Financial Obligations

LIBRARY FEES OUTSTANDING: ____________________________ MEDIA SPECIALIST SIGNATURE: ____________________________
FINANCIAL AID OUTSTANDING: ____________________________ FINANCIAL AID OFFICER SIGNATURE: ____________________________
OTHER FINANCIAL OBLIGATIONS: ____________________________ BUSINESS MANAGER SIGNATURE: ____________________________

PART III - Testing

PASSED FAA PRACTICAL EXAM: _____ PASSED FAA ORAL EXAM: _____
TABE VERIFIED: _____ GRADES VERIFIED: _____ FAA SCORES VERIFIED: _____

TEST CHAIRPERSON SIGNATURE: ____________________________

PART IV - Graduation Documents and Notification

OFFICIAL TRANSCRIPT PRODUCED: _____ CERTIFICATE/DIPLOMA PRODUCED: _____ STUDENT NOTIFIED: _____

STUDENT SERVICES SIGNATURE: ____________________________

PRINCIPAL/DESIGNEE SIGNATURE: ____________________________

Revised on: 12/05/2014