



**GRADUATION REQUIREMENT CHECK
FOR NON-DEGREEED PROGRAM**
American University of Health Sciences

For consideration to graduate, all students must submit the Graduation Requirement Check to the Office of the Student Services.

Student's Name (Official Name): _____ Date: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Address: _____

Phone: _____ E-mail Address: _____

Start Date: _____ Program: _____

FINANCIAL AID DEPARTMENT

Check One:

- | | |
|--|---|
| <input type="checkbox"/> Exit Counseling | <input type="checkbox"/> References |
| <input type="checkbox"/> Promissory Note (if applicable) | <input type="checkbox"/> Zero Balance with FA |
| <input type="checkbox"/> Graduation fees | <input type="checkbox"/> Outstanding Tuition Balance:
(indicate amount owed.) \$ _____ |

Financial Aid Administrator: _____ Date: _____

LIBRARY DEPARTMENT

Out-standing library books Yes No
(If yes, must see financial aid department and pay fines.)

Library Administrator: _____ Date: _____

STUDENT SERVICES DEPARTMENT

- | | |
|---|---|
| <input type="checkbox"/> Externship Hours/Completion Record | <input type="checkbox"/> Externship Student Survey |
| <input type="checkbox"/> Copy of State Registration | <input type="checkbox"/> Copy of PTCB Certificate/Score |

Director of Student Services: _____ Date: _____