STEP 1
FILL OUT PART 1 OF THE GRADUATION EXIT DOCUMENT

STEP 2
FILL OUT THE LOCAL PLACEMENT DATA FORM

STEP 3
ATTACH A COPY(IES) OF PERSPECTIVE LICENSE(S)

STEP 4
SUBMIT THE ENTIRE COMPLETED GRADUATION EXIT DOCUMENT AND LOCAL PLACEMENT DATA FORM TO THE MAIN OFFICE FOR PROCESSING
George T. Baker Aviation Technical College
Graduation Exit Document

DATE: ____________________

PART I - TO BE COMPLETED BY STUDENT

STUDENT NAME: ___________________________________________________________

Last                      First                      Middle

ADULT ID: ___________________________          HIGH SCHOOL ID: ___________________________

ADDRESS: ___________________________

City                      State                      Zip

HOME NUM: ___________________          CELL NUM: ___________________          HOME NUM: ___________________

E-MAIL ADDRESS: ____________________________________________________________

GENDER: [ ] M  [ ] F                      ETHNICITY: ___________________________          PROGRAM: ___________________

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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: _____          FAA SCORES VERIFIED: _____

TABE VERIFIED: _____          GRADES VERIFIED: _____

TEST CHAIRPERSON SIGNATURE: ____________________________

PART IV - GRADUATION DOCUMENTS AND NOTIFICATIONS

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

STUDENT SERVICES SIGNATURE: ____________________________

PRINCIPAL/DESIGNEE SIGNATURE: ____________________________

DATE: ____________________

Revised on: 07/30/15
MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICE OF WORKFORCE DEVELOPMENT EDUCATION
LOCAL PLACEMENT DATA

Student Name: ________________________________
Last  First  Middle

Student ID: ___________________________  School Name: ________________________________

Student Address: ____________________________________________________________

______________________________________________________________
City  State  Zip

Telephone No.: _____ - _____ - _____  Program Name: ________________________________

Email Address: ________________________________________________________________

THE FOLLOWING ITEMS CONCERN PLACEMENT STATUS. PLEASE COMPLETE THE APPROPRIATE AREAS.

1. Student in the military?  YES ☐  NO ☐

2. Continuing education at a Post-Secondary institution?  YES ☐  NO ☐

3. Employment Status: _________________________________________________________

   Employer: _________________________________________________________________

   Address: _________________________________________________________________

   ________________________________________________________________
   City  State  Zip

   Telephone No.: _____ - _____ - _____ Employment Date: _____ / _____ / _____

   MM  DD  YY

   Job Title: ________________________________________________________________

   Duties: _________________________________________________________________

   ________________________________________________________________

THE UNDERSIGNED CERTIFIES THE PLACEMENT INFORMATION STATED IS TRUE AND HAS BEEN VERIFIED.

Print Name: ________________________________  Date: _____ / _____ / _____

   MM  DD  YY

Signature: ________________________________  (Check one)  ☐ Student

☐ School Representative

FM-5948 Rev. (06-18)