

STEPS TO COMPLETE THE GEORGE T. BAKER AVIATION TECHNICAL COLLEGE GRADUATION EXIT DOCUMENT



- FILL OUT PART 1 OF THE GRADUATION EXIT DOCUMENT
- FILL OUT THE LOCAL PLACEMENT DATA FORM
- ATTACH A COPY(IES) OF PERSPECTIVE LICENSE(S)
- 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: _____

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: _____

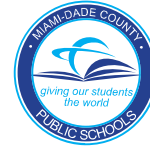
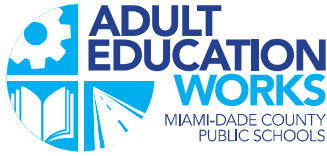
PART IV - GRADUATION DOCUMENTS AND NOTIFICATIONS

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

STUDENT SERVICES SIGNATURE: _____

PRINCIPAL/DESIGNEE SIGNATURE: _____

DATE: _____



Clear Form

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)