

HCT Application for Graduation



Pine
Technical
College

I, _____
(Print Name)

_____ (Student Tech ID)

request graduation from **Heath Care Technician Certificate**

I have reviewed my program requirements and plan to graduate after completing: _____
(Semester/Year)

FOR FUTURE CORRESPONDENCE AND MAILING OF MY DEGREE:

Street & Apartment No.: _____
City/State/Zip: _____
Phone Number: _____

Directions: Check off each item as you complete it. When all are completed, meet with your advisor and review.

<input type="checkbox"/>	I intend to participate in the May graduation ceremony.
<input type="checkbox"/>	DARS shows correct Major and level of degree. Attach copy.
<input type="checkbox"/>	Financial Aid Student Loan Exit Interview/counseling completed (Go online at http://www.nsls.ed.gov to complete the Federal Direct Loan <i>Exit</i> counseling form. Please print and attach the confirmation page.) (This is only necessary if you have a Federal Direct Student Loan)
<input type="checkbox"/>	Verify there are no 'holds' on your student record. (There will <u>not</u> be a 'holds' paragraph on the first page of your DARS Report)
<input type="checkbox"/>	Completed Graduate Follow-up Survey attached.
<input type="checkbox"/>	Appointment with advisor.

Advisor Signature

Date

Student Signature

Advisor: Please keep and submit this form with attachments to Nancy Johnson in the Admissions Office.

		OFFICE USE ONLY	Date	Initials
Y	N	Pending Graduation Application Cohort		
Y	N	Holds on record		
Y	N	Honors <input type="checkbox"/> on transcript <input type="checkbox"/> on diploma		
Y	N	Phi Theta Kappa <input type="checkbox"/> on transcript <input type="checkbox"/> on diploma		
		ISRS Data Entry		
		<input type="checkbox"/> ST 1131UG updated		
		<input type="checkbox"/> Cohort tab updated		

Diploma /Transcript printed and mailed _____

Revised 2/11



A MEMBER OF THE
MINNESOTA STATE COLLEGES
AND UNIVERSITIES SYSTEM

MnSCU Graduate follow-up survey

Part A: Graduate Contact Information

Name (While in School) _____

Program/Major(s) _____

Date of Graduation _____ (month) _____ (day) _____ (year)

Please indicate who is responding to this survey. (check only one response.)

Graduate Spouse/Partner/Roommate Parent/Guardian
 Institutional Staff Employer Other Family Member

Part B: Continuing Education

1. Within 12 months following graduation have you obtained or pursued (**accepted** or **enrolled** at an institution) **another** degree, diploma, or certificate? (Please check only **one** response.)

Yes ð Continue with this part.
 No ð Go to Part C, Item 4.

2. What was the date you started or were accepted to this program? _____ (month) _____ (day) _____ (year)

Please write the name of the institution and its location.

Institution _____ City _____ State _____

3. What degree have you obtained or are you pursuing?

Certificate Diploma Associate Bachelor's Master's
 Specialist First Professional (e.g. dentistry, law, medicine) Doctorate

Part C: Employment Information

4. Have you started, accepted, or continued a paying job in the 12 months following graduation? (Include self-employment, Peace Corps, military service, or religious mission. Please check only **one** response.)

Yes ð Continue with Items 5 through 10.
 No ð Go to Part D, Item 11.

5. If you answered yes to Item 4 and you reported continuing education in Part B, please indicate in which group you prefer to be included. (Check only **one**.) Employment Continuing Education

In items 6 through 9 please provide the following information about your job. If you have held or accepted more than one job, please provide information on what you consider to be the **most important job**.

6. What was the date you started or accepted this job? _____ (month) _____ (day) _____ (year)

7. Employer/Firm Name _____
City _____ State _____ Country _____
Job Title/Position or Job Duties _____

8. Is the position **on average** considered to be (Please check only **one** response): _____ Full-time or _____ Part-time

9. How related is/was this job to the program from which you graduated? (Please check only **one** response.)

Related Somewhat related Unrelated

Note – Your job is related at least to some degree if it meets any of the following criteria:

- You were required to complete your program or major in order to qualify for this job;
- You are/were using knowledge and skills on your job acquired through your program or major; or
- Your job is /was an entry-level position required in order to obtain a job for which you were trained.

If you checked *Unrelated*, continue with Item 10. Otherwise, you have finished the survey. Please sign your name and enter the date at the end of the survey.

MnSCU Graduate follow-up survey

Part C: Employment Information (continued)

10. Are you actively seeking a job related to your program or major? (Please check only **one** response.)

_____ Yes

_____ No δ **Reasons why you might not be seeking a related job include the following.** Occupational License or Certification Pending

- Medical Condition Preventing Work in Field of Study
- Completed Program for Personal Satisfaction
- Cannot Relocate for Related Employment
- Family/Home Responsibilities
- Continuing Education
- Military/Volunteer/Religious Service
- Took Unrelated Work by Choice

You have finished the survey. Please sign your name and enter the date at the end of the survey.

Part D: Not Currently Employed

Answer Item 11 only if you checked "No" in response to Item 4 on the previous page.

11. Which of the following describes your status? (Please check only **one** response.)

_____ Not Currently Employed, Actively Seeking Employment

_____ Not Currently Employed, **Not** Actively Seeking Employment δ **Reasons why you might not be seeking employment include the following.**

- Occupational License or Certification Pending
- Medical Condition Preventing Work
- Completed Program for Personal Satisfaction
- Cannot Relocate for Related Employment
- Family/Home Responsibilities
- Continuing Education
- Incarcerated

International Student Returned to Homeland

You have finished the survey. Please sign your name and enter the date below.

Signature of the Graduate (or person completing or responding to the survey)

_____ **Date:** _____ (month) _____ (day) _____ (year)

Please Print Your Name _____ **Phone** (including area code) _____

-THANK YOU-

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