

All form fields are required. The form will not be processed if any of the fields are incomplete. Write N/A if not applicable.

INFORMATION ON RECORD			
USERID			
FIRST NAME		LAST NAME	
EMAIL		PHONE	
PROGRAM(S)		SITE	

ADDITIONAL INFORMATION	
WILL YOU ATTEND THE GRADUATION CEREMONY?	<input type="checkbox"/> <div style="margin-left: 20px;">DATE OF LAST SHIFT</div>

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PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I, the Scholar, agree to complete the minimum hours required to graduate from my program(s) before the end of the rotation. I understand that I am required to complete the minimum number of shifts per week for my program until the end of the current rotation or the program end date, as applicable. Upon approval of my request, I must return my badge and complete the alumni survey at the end of the rotation in order to be eligible for a letter of recommendation, hours audit and graduation certificate.

SCHOLAR SIGNATURE	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE