Student Services: MIS Department QBI, The Training Institute, Inc.

Graduation Application

Instructions: Complete this form prior to completing your last/6th training module. Once completed submit it to a member of our QBITTI MIS Staff. Staff will then review your school record, issue you an interim transcript, and provide you with a checklist of requirements achieved, and those you need in order to graduate. Do not submit this application before completing your 5th training module or course. If submitted too early the application will not be processed. In addition, any delay in submitting this application can and will cause a delay in processing your graduation documentation. It is incumbent upon <u>you</u>, the student, to complete this application on time, and submit it when due. Lastly, this application must be completed it its entirety, any omissions or errors will delay processing, and subsequently delay your graduation.

Instructions: Print name exactly as you want it to appear on your diploma. Place one letter in each box. (Official Documentation required for a name change.) 1. First Name: 2. Middle Name or Initial: 3. Last Name: 3. Last 4 Digits of Your Social Security Number: 5. Certificate Program Completed: (Check the appropriate training program.) Building Maintenance Photocopier Technician Plumber's Helper Electrician's Helper Telecommunications Technician 6. Student Signature: 7. Application Date: Office Use Only: Form Submitted on Time: Y / N Reviewed By: Date Completed: Interim Transcript Issued: Y / N Graduation Assessment Plan Issued Y / N	upon you, the student, to complete this applica	essing your graduation documentation. It is incumbent ation on time, and submit it when due. Lastly, this any omissions or errors will delay processing, and
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5.Certificate Program Completed: (Check the appropriate training program.) Building Maintenance	3.Last Name:	
Building Maintenance	3.Last 4 Digits of Your Social Security Numb	oer:
Certified Fiber Optic Technician	5.Certificate Program Completed: (Check the	e appropriate training program.)
Electrician's Helper		•
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	Reviewed By:	Date Completed:
File Name: QBI0022-Graduation Application	Interim Transcript Issued: Y / N	Graduation Assessment Plan Issued Y / N
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