

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: _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICE OF WORKFORCE DEVELOPMENT EDUCATION
LOCAL PLACEMENT DATA

STUDENT NAME: _____
Last First Middle

STUDENT ID: _____

STUDENT ADDRESS: _____
City State Zip

TELEPHONE NO.: _____ - _____ - _____ YEAR STUDENT COMPLETED _____
PROGRAM NUMBER: _____

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

1. STUDENT IN THE MILITARY? YES _____ NO _____ BRANCH OF SERVICE _____

2. CONTINUING EDUCATION AT A POST-SECONDARY SCHOOL? YES _____ NO _____

NAME OF SCHOOL _____ PRIMARY SUBJECT AREA _____

3. CURRENTLY EMPLOYED? YES _____ NO _____

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 Employer
 School Representative