



# WORLD MEDICINE INSTITUTE

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## GRADUATION CHECKLIST

STUDENT NAME: \_\_\_\_\_

YES	NO	STUDENT LETTER OF INTENT TO GRADUATE:	BY _____
		Remarks:	
YES	NO	PROGRAM DEGREE COMPLETION FORM:	BY _____
		Remarks:	
YES	NO	TUITION PAYMENTS:	BY _____
		Remarks:	
YES	NO	REVIEW OF OFFICIAL TRANSCRIPT:	BY _____
		Remarks:	
YES	NO	\$100.00 GRADUATION FEE:	BY _____
		Remarks:	
YES	NO	LIBRARY FEES:	BY _____
		Remarks:	
YES	NO	FINANCIAL AID EXIT INTERVIEW AND FORMS:	BY _____
		Remarks:	
YES	NO	POST GRADUATION CONTACT INFORMATION	

ADDITIONAL REMARKS:

\_\_\_\_\_  
SIGNATURE OF REGISTRAR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ACADEMIC DEAN

\_\_\_\_\_  
DATE