

GRADUATION FINAL CHECKOUT FORM

This is a communication instrument to all necessary offices upon graduation of a student at DWC. It is a safeguard for the student and the College and becomes filed information if and when questions arise concerning graduation.

Rev. 3/11/15

| (PRINT) First Name | Middle Name | Las | st Name |
|--|-----------------------|---------------|--|
| Address after Graduation: | | | |
| Number and Street or P.O. Box | City | State | Zip Code |
| Email: | Т | elephone: | |
| Graduation Term Fall Sprin | g Year | | |
| What are your plans after graduation? _ | | | |
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| stand my diploma and all transcripts will | he withheld until al | l indehtednes | s to Divine Word College has been |
| ed. I understand that I need to report to | | | |
| | | | |
| Signature of Student: | | | |
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| RANCE: To check out officially and in good | d standing obtain the | | |
| RANCE: To check out officially and in good | d standing obtain the | | |
| ANCE: To check out officially and in good Library Director | d standing obtain the | signatures be | |
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