

Semester: \_

Advisor: \_

## Graduation Application: Emergency Medical Technician

Congratulations on nearing completion of one or more credentials! You will need to submit this form each semester you are eligible for awarding, even if you do not plan on walking in the Ceremony. Please note that only complete forms will be processed. All forms submitted electronically must be sent from your @Student.AthensTech.edu email account to GradApps@AthensTech.edu. To obtain additional information: Home (AthensTech.edu) > Current Students > Registration & Records > Graduation Information. To pay your one-time Graduation Fee: 706-355-5121 (ATC Cashier/H-Bldg).

First Name (Banner):		Middle Name (Banner):		Last Name (Banner):			
Prefe	erred Name for Printed/Digital Award (If not same as a	above):					
Student ID:			Email: @student.athenstech.edu				
Phor	ne:		Address:				
Program of Study: Check all t			that apply	For Internal Use Only Awarded Printed Mailed			
	EMS Professions Diploma (Major Co	ode: EP12)		711141404	Timed	- manoa	
	Emergency Medical Technician TCC (EMT) (Major Code: EMJ1)						
Emergency Medical Responder TCC (Major Code: EB71)							
	Advanced Emergency Medical Technician TCC (AEMT) (Major Code: EMH1)						
	Pre-hospital EMS Operations TCC (Major Code: PEO1)						
Additional Information							
Are you currently employed? (Please select one): YES NO							
Employer: Job Title:							
Continuing Education (Please select one): YES NO							
Future School (If other than ATC): Future Employment Plans:							
	Attending Graduation Ceremo	ony? H	lonors Programs:				
Stu	Student SignatureDate						
Although not required, we recommend that you meet with your assigned academic advisor to review this graduation application.							
For Registration & Records Use Only							
	□ ID Verified (Photo ID or email) □ Student ID# Verified □ Address & Phone Verified □ Email Address Verified □ Grad Fee Paid						
A	ATC Staff Signature Date						
	Print Name and Provide Signature						