



AAIMS ALLIANCE HEALTH DIVISION APPLICATION TO GRADUATE

INSTRUCTIONS:

This form **must** be completed and submitted to your Program Coordinator before the announced deadline. Names will be printed as they appear on your initial application **UNLESS** you present official documentation supporting a name change **OR** you indicate specifically below the style you desire.

PERSONAL INFORMATION:

SURNAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ ID#: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

CERTIFICATE INFORMATION:

Please select the discipline/ program completed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Dialysis Technician | <input type="checkbox"/> Surgical Technician |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Phlebotomy Technician | <input type="checkbox"/> Medical Asst. / Phlebotomy Tech. |

Please print **clearly** your legal name and the style as you would have it appear on your certificate. (Style e.g.: **John Anthony Paul Smith or John A. P. Smith or Amoy Baker- Lewis or Amoy Lewis**)

PARTICIPATION IN GRADUATION:

Please indicate whether you would like to participate in the graduation exercise: Yes No

Persons who wish to graduate in absentia (not participate in the exercise) are required to pay a standard charge of **Two Thousand Five Hundred Jamaican Dollars (JMD\$2,500.00)**. Please note that AAIMS-AHD reserves the right to adjust this charge. Otherwise, you will be notified by the graduation coordinator of the graduation fee.

If for any reason you would like to cancel your application, please notify, **in writing**, the **graduation coordinator** of your decision **no later** than the **first week of November of the year of application. AS OF NOVEMBER 1ST, ALL GRADUATION PAYMENTS BECOME NON-REFUNDABLE.**

Please sign in confirmation of the above application: _____

Date: _____