

SCHOOL CLEARANCE FORM FOR GRADUATING STUDENTS

Student's Name: _____

Student ID No: _____

Date of Intake From: _____ To: _____

Category (check box(s)) AHCP (Alberta HealthCare Aide Program) MOA/UC/MT (English for Academic Purposes)

FT-WD FT-WE FT-PM AC (PLAR)

Mode of Payment (check box(s)) Student Loan Installment Others

Requirements:

Each student leaving the school is required to get a school clearance. Kindly request the different signatories below to sign after complying with the following:

Our Locations

+ Calgary Campus

403 264 2009 | 403 992 7611
Fax: 587 352 2049

1324 36 Avenue NE
Calgary, Alberta | T2E 8S1

+ Red Deer Campus

403 264 2049 | 403 986 0684
Fax: 403 986 4815

4811 48 Street
Red Deer, Alberta | T4N 1S6

+ Edmonton Campus

780 863 8236
Fax: 780 434 8328

6920 Roper Road NW
Edmonton, Alberta | T6E 0A8

Particulars	Position	Authorized Signature	Cleared	
			Yes	No
Final Theory Exam	Instructor	_____		
Final Lab Skills Exam	Instructor	_____		
Clinical Practicum	Instructor	_____		
Student's Required Documents <small>(School Credentials, Workshop certificates, Police information check, Updated Immunization, Practicum Confirmation)</small>	Registrar	_____		
School fees <small>(Tuition, graduation, workshops, etc..)</small>	Finance Assistant	_____		

The above mentioned student is hereby cleared from all liabilities and requirements and is hereby recommended for graduation.

Program Coordinator

Approved: _____
President