

Submit to: Sue Gramby, sgramby@usf.edu

Preliminary Graduation Check for Medical Technology Students

My name is _____ and my USF ID number is
U_____. I am requesting a graduation check for my Medical Technology
degree *as I apply* for my clinical year. Please forward my graduation check to the
following hospitals:

- Bayfront Medical Center - St. Petersburg
- St. Vincent's Hospital - Jacksonville
- Tampa General Hospital - Tampa

To contact me, please call () _____ or email _____

My mailing address is:

Thank you,

Signature

Date