

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