
Name (to appear on your diploma as printed):

Phone: ___________________________ Email: ___________________________

I have completed all requirements or expect to complete them by ___________________________ term.

Signature: ___________________________ Date: ___________________________

Graduation fee of $125 received by finance office: ___________________________ Date: ___________________________

Please indicate the term you completed or expect to complete the below requirements.

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MIND/BODY

Please list six courses

Total Mind/Body Hours 72  6

CLINICAL TRAINING

Clinical Observation 78
Clinical Theater 1 & 2  72
Clinical Practicum 720, including 72 herbal & 60 community clinic
Clinical Focus Choice 138

Total Clinical Training Hours 1,008

ADDITIONAL REQUIREMENTS

First-year Benchmark completed
Second-year Practical completed
Written Exit Exam completed
Practical Exit Exam completed

Items due to the registrar prior to graduation

Graduate Exit Survey
Graduation Certification
Licensure Paperwork