

Submit to: Sue Gramby, sgramby@usf.edu

**Final Graduation Check Prior to Internship  
for Medical Technology Students**

My name is \_\_\_\_\_ and my USF ID number is  
U#\_\_\_\_\_. I am requesting a final graduation check for my Medical  
Technology degree *as I begin* my clinical year. Please forward my graduation check to  
the following hospital:

- 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