

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