



Dear NTI Graduate,

CONGRATULATIONS on the successful completion of your program!

In order to finalize the graduation process, please have each department assist you in the completion of the enclosed checklist and return it to Student Services.

Thank you for choosing Northeast Technical Institute. From the entire NTI family, we wish you great success in your new career!

Sincerely,

The NTI Staff



51 US Route #1 Suite K  
Scarborough, Maine 04074  
1010 Stillwater Ave  
Bangor ME 04401  
1-800-447-1151  
Rev 05162012

### Application for Graduation

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**Student Enrollment**  Private  Agency  VA  FA

- Clinical Medical Assistant
- Medical Lab Assistant
- Phlebotomy & EKG
- Medical Office Assistant
- Medical Transcription
- Pharmacy Technician
- Medical Billing & Coding
- CDL A
- CDL B
- HVAC/R
- Computer Repair Technician
- Desktop Support Technician I
- Desktop Support Technician II
- Network Administration & Design
- Network Specialist
- Information Technologist
- Business Administration

I wish to have my name printed EXACTLY as written below on the Career Diploma / Certificate:

\_\_\_\_\_

Use the following address for mailing information concerning the graduation audit, rehearsal, ceremony details, placement, or other pertinent information as needed. I understand that this is the address to which my diploma will be mailed.

\_\_\_\_\_

\_\_\_\_\_

I wish to attend a graduation ceremony  
(you will be contacted via email when your ceremony date is scheduled)

Number of additional guests \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of entry into STARS \_\_\_\_\_ Employee Name \_\_\_\_\_

Assigned Ceremony Date \_\_\_\_\_ Student Contacted  Yes  
about Grad Date  Unable to reach



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### Student Graduation/EXIT Interview Check-List

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Grades & Attendance                      Comments \_\_\_\_\_

Financial Aid Signature \_\_\_\_\_ Date \_\_\_\_\_

Exit Counseling                      Comments \_\_\_\_\_

FA  
\_\_\_\_\_

Student Account Rep Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Balance                      Comments \_\_\_\_\_

Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

File Complete                      Comments \_\_\_\_\_

Student Services Signature \_\_\_\_\_ Date \_\_\_\_\_

References                      Comments \_\_\_\_\_

Student Referral or  
 Testimonial  
(optional) \_\_\_\_\_

Campus Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Exit Interview                      Comments \_\_\_\_\_

**References** Please list 2 persons with different addresses, who will know your whereabouts for 3 years.

This is for Financial Aid purposes.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_



## Direct Loans - Exit Counseling

Exit counseling must be completed in order to be cleared for graduation.

If you did not receive any Financial Aid to pay for schooling with NTI, please initial here: \_\_\_\_\_

Federal regulations require that you complete loan counseling prior to leaving school. This may be completed online through the National Student Loan Data System (NSLDS).

### 1. Step to Complete Loan Counseling:

- National Student Loan Data System [www.nslsds.ed.gov](http://www.nslsds.ed.gov)
- Select "Exit Counseling" option
- Information you will need:
  - o Social security number
  - o Date of Birth
  - o FAFSA Pin
  - o Two (2) references (including names, addresses and phone numbers)

### 2. Monitor your student loans:

- National Student Loan Data System [www.nslsds.ed.gov](http://www.nslsds.ed.gov)
- Select "Financial Aid Review" option
- Information you will need:
  - o Social security number
  - o Date of birth
  - o FAFSA pin

**The Financial Aid Review allows you to monitor your student loans and find contact information for your lenders.**

By signing below, you acknowledge that you have been given a copy of Direct Loans-Exit Counseling Sheet with steps to completing Exit Loan Counseling.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



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# NTI Referral Program

Much of our school's success is built on having satisfied graduates refer their family and friends to NTI. Maybe you know someone who's unhappy with their job and needs a change. If so, please let us know:

Student Name \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

May we say that you referred us?  Yes  
 No

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

May we say that you referred us?  Yes  
 No

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

May we say that you referred us?  Yes  
 No

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

May we say that you referred us?  Yes  
 No