Saint Louis University

Medical Family Therapy Prog.

Graduation Checklist

Completion of this form verifies release of Ph.D. dissertation defense ballots or M.A. Qualifying Exam ballots to Graduate Education.

**To be completed by student:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Dissertation Defense/Oral Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Student has completed the program’s designated number of clinical hours. Hours  
 completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Student has closed or transferred all cases in CCFT and/or applicable internship sites.

\_\_\_\_\_ Student has submitted all required assignments on Task Stream.

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

**To be verified by advisor:**

\_\_\_\_\_ Student has completed the program’s designated number of clinical hours.

\_\_\_\_\_ Student has submitted all required assignments on Task Stream.

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by Administrative Secretary:**

\_\_\_\_\_ Student has completed the program’s Exit Survey.

\_\_\_\_\_ Ballots sent to Graduate Education (electronically and inter-office mail).

Secretary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_