



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
- 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
- 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