**COLLEGE OF DENTISTRY GRADUATION CLEARANCE CHECKLIST**

**STUDENT NAME:**

**INSTRUCTIONS:** Excluding the very last signature the other 3 sections do not have to be done in any particular order, it’s just within the section the order must be maintained. All signatures must be obtained before a student will be recommended for graduation.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Task</th>
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</thead>
<tbody>
<tr>
<td><strong>These tasks may be done in any order:</strong></td>
<td></td>
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</table>
| Meredith Dungar  
D3-22 | Cleared by Financial Aid Office  
**Make appointment in Office of Education** |
| Aaron Miller  
Henry Schein Store | Store account has been resolved |
| Censeri Abare  
D3-11 | ADEA Senior Survey completed  
CE Credits completed  
Mandatory University graduation survey done  
All university holds have been resolved  
Post-graduation Information completed – on reverse side |
| Christina Haskins  
D3-11 | UFCD Senior Confidence Survey  
Clinical faculty evaluations completed. |
| Graduating Student | First floor dropbox is cleared of all material  
Exit counseling for Direct Loans completed on ISIS |
| **These two must be done in this order:** |
| Patient Coordinator  
Team Leader | Patient Assignment: All patients assigned to student are complete, discharged, reassigned, or accounted for and records are in an acceptable condition  
All unevaluated treatment has been cleared |
| Allene Aaron  
Business Office | Verify patient accounts have been cleared and resolved |
| **Lee first; the other two in any order:** |
| Lee Mintz  
D3-42 | Cleared from Instrument Leasing Program  
All instruments returned in good order, including those used for mock boards  
**Make appointment in Clinic Administration** |
| Sterilization | Cleared from Sterilization |
| Marilyn Vaughn | Verify all items have been removed from locker; cleanliness of locker and Jr/Sr lab cubby  
Return two (2) combination locks  
**Make appointment in Clinic Administration** |
| **Very last Clinic Admin signature:** |
| Clinic Admin  
D3-9 | Sign Letter of Attestation  
All electronic devices are purged of patient information (computers, cell phones, tablets, etc.) |

When all signatures are complete, please bring form to Office of Education.
POST-GRADUATION INFORMATION

Student Name: ___________________________ Graduation Yr __________

Address following graduation: Street ___________________________
                                      City, State, Zip _______________________

Cell phone: ___________________________ non-UF email address: _______________________

If applicable, spouse’s name: ___________________________

If we have difficulty contacting you, whom may we contact?

Name: ___________________________ Relationship: ___________________________

Address: ___________________________

Contact number: ___________________________

Immediate plans following graduation (check all that apply):

☐ Work in own practice (sole or part-owner)
☐ Associate in a dental practice – please circle appropriate type:   Corporate   Private
If either of the above, Practice name: ___________________________
Work address with zip code: ___________________________
Work telephone: ___________________________

☐ Advanced Education program:
Specialty: ___________________________ Name of institution: ___________________________

☐ Armed Services: Branch ___________ Duty Station: ___________________________

☐ Rural practice/medically underserved community ___________________________

☐ Community Health/Dental Clinic ___________________________

☐ National Health Service Corps ___________________________

☐ Undecided

☐ Other, please describe: ___________________________

Please indicate if you applied to any of the following advanced education programs:

☐ advanced education in general dentistry (AEGD)
☐ general practice residency (GPR)  ☐ public health dentistry
☐ endodontics  ☐ oral medicine/radiology/pathology
☐ pediatric dentistry  ☐ orthodontics
☐ periodontology  ☐ oral and maxillofacial surgery
☐ prosthodontics  ☐ other: describe ___________________________

Number of advanced education programs to which you applied ___________________________