



ChattTech

Verification of Graduation

Student Name (Print): _____

College Attended: _____

Date of Expected Graduation: _____

Date of Registry Exam: _____

Program Director Name (Print): _____

Program Director Statement: My signature below denotes that I am the Radiography Program Director for the above-named student/college. I affirm that the dates above are accurate and once this student has passed their Registry Exam, they will be a Registered Radiographer.

Program Director Signature

Student Statement: I affirm that all of the above information is correct. I am submitting this form in order to register for Mammography courses in order to complete the Mammography Certificate. I understand that I must pass the registry *and* provide proof of this via email to Jamie.Bailey@ChattahoocheeTech.edu prior to the deadline date in order to maintain my status in the program. I further understand that should I not pass my registry on the date above *or* if I do not provide proof of passing by the deadline date, my seat will be given away and I will not be allowed to participate in the Mammography coursework and it will be my responsibility to withdraw from the courses.

Student Signature