

美洲中國文化醫藥大學  
ACADEMY OF CHINESE CULTURE AND HEALTH SCIENCES  
1600 Broadway, Oakland CA 94612 (510) 763-7787  
**DAOM NOTICE OF CANDIDACY TO GRADUATE**

Name: 姓名 (大寫) \_\_\_\_\_ Date: 日期 \_\_\_\_\_  
Last 姓 First 名 Middle

The above name is my official legal name, which is used in all school documents and legal records. Please use the following name(s) for my diploma:

\_\_\_\_\_ English  
\_\_\_\_\_ Chinese 。文憑上需加的中文姓名為: \_\_\_\_\_

I have fulfilled all the graduation requirements and I hereby request formal candidacy for graduation. 本人已完成全部學業，現申請畢業。

- I plan to attend the graduation ceremony. 要求參加畢業典禮 (\$200)
- I do not plan to attend the graduation ceremony. 不打算參加畢業典禮 (\$200)

**Exit Counseling:** If you are a Financial Aid student, you must complete the Exit Counseling process in order to officially graduate. Please visit [www.studentloans.gov](http://www.studentloans.gov) and complete the "Exit Counseling" process. Once you finish your Exit Counseling, confirmation will be sent to ACCHS electronically.

**貸款完成輔導:** 如果你是貸款學生，在正式畢業之前，請你必須參與貸款完成輔導。請參考 [www.studentloans.gov](http://www.studentloans.gov) 並做好“貸款完成輔導”的手續。一旦完成，確認信息將由電子方式發送給ACCHS。

My Financial Aid Exit Counseling date 貸款完成輔導日期: \_\_\_\_\_ (date)

Sincerely, \_\_\_\_\_ (Signature 學生簽字)

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**For Office Use Only**

Approved/Denied to attend the ceremony: Administrator: \_\_\_\_\_

Graduation fee paid: \_\_\_\_\_

Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Check #: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Served By: \_\_\_\_\_ Date: \_\_\_\_\_