



fall_submission_verify_reg_graduation

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<div> <div> Graduation </div> <div> Financial Aid Application </div> </div>																												
<div> <div> Graduation Type: 34 <input type="button" value="v"/> AAR Grad Plan: FHS Program Cert of CrsWrk Date Completed: -- -- <input type="button" value="v"/> Cpr Date Completed: -- -- <input type="button" value="v"/> Peace Officer Interact Date Completed: -- -- <input type="button" value="v"/> Texas First Early HS Completion Pgm: 02 <input type="button" value="v"/> </div> <div> Graduation Date: 05-26-2023 <input type="button" value="v"/> Texas Grant Eligibility: <input type="button" value="v"/> College Entry: <input type="checkbox"/> Speech Date Completed: -- -- <input type="button" value="v"/> </div> <div> Status: <input type="button" value="v"/> Met Dates: -- </div> </div>																												
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<div> Industry Based Certification </div> <table border="1"> <thead> <tr> <th>Delete</th> <th>Certification</th> <th>Date Taken</th> <th>Result</th> <th>Exam Fee</th> <th>Vendor Nbr</th> <th>Reimburse</th> <th>Enrolled</th> </tr> </thead> <tbody> <tr> <td colspan="8">no rows</td> </tr> </tbody> </table> <div> <input type="button" value="+"/> Add </div>													Delete	Certification	Date Taken	Result	Exam Fee	Vendor Nbr	Reimburse	Enrolled	no rows							
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no rows																												

Reported Elements from Graduation:

Element	Code Table	Data Element	ASCENDER Name
E1640	C214	POST-SECONDARY-CERTIFICATION-LICENSURE-CODE	Industry Based Certification
E1654	---	IBC-EXAM-FEE-AMOUNT	Migrant
E1655	C226	IBC-VENDOR-CODE	Immigrant
E1733	C232	POST-SECONDARY-CERTIFICATION-LICENSURE-RESULT	Immigrant
E1724	C230	FINANCIAL-AID-APPLICATION-CODE	---



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