



fall_submission_verify_reg_graduation

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DEMO1	DEMO2	DEMO3	GRADUATION	AT RISK	CONTACT	W/R ENROLL	SPEC ED	G/T	BIL/ESL	TITLE I	PRS	LOCAL PROGRAMS																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Graduation</p> <p>Graduation Type: <input type="text" value="34"/> Graduation Date: <input type="text" value="05-26-2023"/> <input type="button" value="Calendar"/></p> <p>AAR Grad Plan: <input type="text" value="FHS Program"/> Texas Grant Eligibility: <input type="text"/></p> <p>Cert of CrsWrk Date Completed: <input type="text" value="--"/> College Entry: <input type="checkbox"/></p> <p>Cpr Date Completed: <input type="text" value="--"/> Speech Date Completed: <input type="text"/></p> <p>Peace Officer Interact Date Completed: <input type="text" value="--"/></p> <p>Texas First Early HS Completion Pgm: <input type="text" value="02"/></p> </div> <div style="width: 40%;"> <p>Financial Aid Application</p> <p>Status: <input type="text"/></p> <p>Met Dates: <input type="text"/></p> </div> </div>																																						
<p>Foundation High School Program</p> <table> <tr> <td>College Career Instruction:</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Foundation CrsWrk:</td> <td><input type="text" value="1"/></td> <td>Distinguished CrsWrk:</td> <td><input type="text" value="0"/></td> </tr> <tr> <td>STEM:</td> <td><input type="text" value="0"/></td> <td>Date Completed:</td> <td><input type="text" value="--"/></td> </tr> <tr> <td>Public Services:</td> <td><input type="text" value="1"/></td> <td>Date Completed:</td> <td><input type="text" value="--"/></td> </tr> <tr> <td>Business and Industry:</td> <td><input type="text" value="0"/></td> <td>Date Completed:</td> <td><input type="text" value="--"/></td> </tr> <tr> <td>Multi Disciplinary Studies:</td> <td><input type="text" value="0"/></td> <td>Date Completed:</td> <td><input type="text" value="--"/></td> </tr> <tr> <td>Arts and Humanities:</td> <td><input type="text" value="0"/></td> <td>Date Completed:</td> <td><input type="text" value="--"/></td> </tr> </table>													College Career Instruction:	<input type="checkbox"/>	Foundation CrsWrk:	<input type="text" value="1"/>	Distinguished CrsWrk:	<input type="text" value="0"/>	STEM:	<input type="text" value="0"/>	Date Completed:	<input type="text" value="--"/>	Public Services:	<input type="text" value="1"/>	Date Completed:	<input type="text" value="--"/>	Business and Industry:	<input type="text" value="0"/>	Date Completed:	<input type="text" value="--"/>	Multi Disciplinary Studies:	<input type="text" value="0"/>	Date Completed:	<input type="text" value="--"/>	Arts and Humanities:	<input type="text" value="0"/>	Date Completed:	<input type="text" value="--"/>
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<p>Industry Based Certification</p> <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" style="text-align: center;">no rows</td> </tr> </tbody> </table> <p style="text-align: right;">+ Add</p>													Delete	Certification	Date Taken	Result	Exam Fee	Vendor Nbr	Reimburse	Enrolled	no rows																	
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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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