DESTINATIONS INTERNATIONAL

CDME Certified Destination Management Executive

REQUEST FOR GRADUATION

Full Name:		
Organization:		
Address:		
City:	**State:**	**ZIP:**
Email:		
CDME Anticipated Graduation Date:		

MM/DD/YY	CDME Course Name	City	Did you complete the course paper?

Core Education	
Completed Papers	
Elective Courses	

** If additional space is needed, this form may be reproduced.*

I acknowledge this is a true representation of completed courses and if approved would like to receive my final exam

Signature	**Date**

For questions, please email us at cdme@destinationsinternational.org