



GRADUATE ADMISSIONS FORM

Submit the completed admissions form to: Martin University, P.O. Box 18567, Indianapolis, IN 46218.

1. Please type or print legibly in ink.
2. Provide a copy of all academic transcripts.
3. A Photo ID is required for each application.

Social Security Number _____

New Student Former Student / Last year attended _____

Male
 Female

Name _____
Last First Middle Maiden

Home Address _____
Street Apartment #

City State Zip Code

Phone _____ Ext. _____ E-Mail _____
Home Work

Marital Status: Single Married Divorced Widowed Separated

Date of Birth _____ Head of Household? Yes No Number of Dependents: _____

Ethnic Data: I / American Indian A / Asian or Pacific Islander B / African American
 W / Caucasian H / Hispanic O / Other

Are you a U.S. citizen? Yes No _____
(If no, give country of origin)

Permanent resident alien number: _____
(If you are not a U.S. citizen)

Veteran status: Veteran Non-Veteran

Emergency Contact _____
Name Address Phone Number

Applicant's Employer _____
Name Address Length of employment

Entry Date: Fall Winter Summer Year _____

Program of Interest _____ Date of intended graduation _____

Educational background:

List college(s)/universities you have attended:

Name	Year	Degree
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you wish to transfer credits from another program: Yes No

If yes, list school(s): _____

Do both of your parents have baccalaureate degrees? Yes No

