



GRADUATE ADMISSIONS FORM

Martin University is accredited by the Higher Learning Commission.

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 official academic transcripts
3. Two pieces of ID are required
4. A \$55.00 non-refundable admission fee is required

Social Security Number _____ Former Student _____ Last year attended _____
New Student

Name _____ Male _____
Last First Middle Maiden Female

Home Address _____
Street Apartment #

City State Zip Code

Date of Birth _____ Telephone (home) _____
(work) _____ Ext. _____ (cell) _____

E-mail Address _____

Marital Status: Single Married Divorced Widowed Separated

Number of Dependents: _____ Head of Household? Yes No

Ethnic Data: American Indian Asian or Pacific Islander
African American Caucasian/Non-Hispanic
Hispanic Other
Alaskan Native Non Resident Alien
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 Telephone #

Applicant's

Employer _____

Name

Address

Length of employment

Entry Date: **Fall** **Spring** **Summer** **Year** _____

Program of Interest _____

Date of intended graduation _____

Educational background:

List colleges/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**

CERTIFICATION

I hereby certify that all the information I have supplied on this application is accurate and honestly presented.

Signature _____ **Date** _____

Martin University is committed to the policy that all persons shall have access to its programs without regard to race, color, age, sex, religion or handicap.