



UNDERGRADUATE ADMISSIONS FORM

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

1. Please type or print legibly in ink. **August 1**
2. Provide a copy of all academic transcripts. **1**
3. Two ID's are required for each application. **May 1**
4. Application Deadline: **Fall:**
Winter: December
Summer:

Social Security Number _____

New Student Re-entry Student/ Last year attended _____ Transfer New Student Non-degree

Name _____ **Male** **Female**

Last _____ First _____ Middle _____ Maiden _____

Home Address _____

Street _____ Apartment # _____

City _____ State _____ Zip Code _____

Phone _____

Home _____ Work _____ Cell _____ Email _____

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

Marital Status: Single Married Divorced Widowed Separated

Ethnic Data: American Indian African American/non Hispanic non Hispanic Hispanic Alaskan Native

Asian or Pacific Islander Caucasian/ Nonresident 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 _____

Semester entering: Fall Winter Summer Year _____

High school graduate? Yes No Date graduated _____ GED completed _____

High school name and address

List college(s)/universities you have attended:

Name	City	State
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Did you graduate? _____ Degrees earned _____ Year _____

Does your Father have baccalaureate degree? Yes No
 Does your Mother have baccalaureate degree? Yes No
 Are you transferring from another college/university? Yes No
 Do you intend to obtain a degree at Martin University? Yes No

Date of intended

graduation: _____

If no, please

explain: _____

Major _____ **Minor** _____ **Undecided** _____

Write a paragraph stating why you wish to attend Martin University. Please include any factors that might hinder you from attending classes such as health problems, employment and/or transportation.

Do you need any special accommodations? _____

CERTIFICATION

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

Signature _____ **Date** _____

A parent or guardian must also sign if the student is under 18 years of age.

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, or religion.

Martin University is accredited by the North Central Association of Colleges and Schools, Higher Learning Commission.