



Student ID: _____

MARTIN
UNIVERSITY

2186 North Sherman Drive
Indianapolis, Indiana 46218

Application for Graduation

PRINT YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA

(If your name is different than what is on file with the University, please submit a change of legal name form.)

Student's Name: _____
(First Name) (Middle Initial) (Last Name)

Current Address: _____

City: _____ State: _____ Zip Code: _____

Student's E-mail: _____

Phone: Home _____ Work _____

Anticipated End of Semester Graduation Date: Fall _____ Spring _____ Summer _____
(year) (year) (year)

Martin University has only one commencement ceremony, which takes place at the end of the spring semester. Students who have successfully completed the requirements for graduation during the school year (including the prior year's summer semester) are invited to attend the ceremony.

Please indicate whether or not you will attend the commencement ceremony _____
Yes No

Earned Degree Type

Undergraduate

Bachelor of Arts
Bachelor of Science

Graduate

Master of Arts
Master of Science

Declared Major: _____ Declared Minor: _____

Title of Final Project/Capstone Course Thesis

Degree Plan Attached: _____ Yes _____ No

Student's Signature

Date

Mentor's Signature

Date

VP of Academic Affairs' Signature

Date

Verification of your completed degree plan, by your faculty advisor, must be submitted with your Application for Graduation. If verification of completion of your degree plan is needed, please schedule an appointment with your faculty advisor.

I understand that I must meet requirements prior to submitting my Application for Graduation for my degree to be conferred. This includes the following:

- Resolution of grades (I, F, NP). Grades will not be changed after graduation or once the degree is conferred.
- Submission of Final Project, Capstone, or Thesis
- Clear all outstanding balances with the Bursar's Office

Required Courses to Complete to Graduate:

Semester	Courses

Semester	Courses

Registrar's Signature

Date

Martin University

Exit Survey Form for Graduating Students

1. Name: _____ DOB _____
MM/DD/YYYY

2. Address: _____

3. Phone: _____ Personal Email Address: _____

4. Major: _____ Degree: _____
BA, BAS, BS, MS, MA

5. Country of Citizenship? _____ 6. Graduation date: _____

7. Are you continuing your education? **Yes** **No** 8. If **yes**, where? **Martin** **other**

9. If other, name of the institution: _____ 10. What degree are you seeking: _____

11. Are you currently working or do you have a position lined up? **Yes** **No**

12. If **yes**, provide the following:

Name of Employer:

Your Job Title:

13. If you are currently working, Is your current position (Check the appropriate box)

In your field of study, in a related field, in a field NOT related to your studies?

14. If you do not have a job, are you actively seeking employment? **Yes** **No**

15. Did you participate in an internship while you were working on your degree? **Yes** **No**

16. If yes, was it in your field of study? **Yes** **No**

If yes, list the internship site name:

17. Did the internship result in a job offer? **Yes** **No**

18. Did you use the Career Services Center at Martin? **Yes** **No**

19. If you used the Career Services Center, please indicate which of the following services were useful (check all that apply):

Resume / Cover Letter Interviewing Skills Job search Placement Other _____

20. What are your plans for the immediate future? (check one)

Continue Education Military Service Employment Focus on Family Other _____

21. My educational experiences at Martin prepared me for my career? **Yes** **No** **Undecided**

(Check appropriate box.)

22. Which aspects of your Martin education were most useful in preparing you for your career plans?

(Check all appropriate boxes)

Mentoring Courses/Curriculum PLA Career Planning Internship Other _____

23. I am satisfied with the level of course instruction at Martin University **Yes** **No** **Undecided**

24. I am satisfied with the quality of course instructors at Martin University **Yes** **No** **Undecided**

25. Did you take advantage of our Prior Learning Assessment Program (PLA)? **Yes** **No** **Undecided**

26. IF so, how many PLA credits did you receive? 6-20 21-40 41-60

27. Who was your mentor? _____

28. Your mentoring experience was: poor fair good excellent

29. What were the main factors that keep you persistent in completing your degree program.

Personal Motivation Family Support Promotion Career Changes Other _____

30. What year did you start attending Martin University for your current degree? _____

31. In your opinion, which areas of your educational program at Martin were particularly strong?

32. In your opinion, which areas of your educational program at Martin could be improved, if any?

33. Would you be interested in participating in an alumni organization in? **Yes** **No**

34. May we use your name and address for prospective student referrals? **Yes** **No**

35. Based on my experiences at Martin, I would encourage others to attend. **Yes** **No** **Undecided**

36. Based on my experiences at Martin, I would choose to attend Martin again. **Yes** **No** **Undecided**

Signature: _____ Date: _____

