# APPLICATION FOR GRADUATION

A separate Application for Graduation must be completed for each program you wish to receive an award. Please print your name clearly as it is to appear on your award. Graduates must have a minimum cumulative GPA of 2.00.

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Program:</th>
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</table>

- [ ] Associate in Applied Science – AAS
- [ ] Associate in Arts – AA (Liberal Arts/Transfer Students)
- [ ] Associate in Science – AS
- [ ] Diploma – DIP
- [ ] Certificate - CERT

Legal Name (you may include or omit middle name) Please PRINT clearly

Telephone Number

Hometown (City & State)

I expect to finalize all coursework, clinicals and/or internships during:

- [ ] Fall Semester  
- [ ] Spring Semester  
- [ ] Summer Semester

If finishing internship or clinical, final date of completion: ________________________________

I am going to continue my education at:

Student Signature ___________________________ Date __________

## The graduation ceremony is being videotaped and live streamed

### OFFICE USE ONLY

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<tr>
<th>Certificate</th>
<th>Diploma</th>
<th>AA</th>
<th>AS</th>
<th>AAS</th>
<th>Yes</th>
<th>No</th>
<th>Cumulative GPA:</th>
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If no, reason:

Registrar's Approval: ___________________________ Date: __________

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# COURSES REMAINING TO BE COMPLETED

Upon satisfactory completion of the following courses, I will meet all graduation requirements for the program indicated on the reverse:

Please do not include courses for the current semester.

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<th>SUBJECT NUMBER</th>
<th>COURSE TITLE</th>
<th>CREDITS</th>
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MINNESOTA STATE COLLEGES AND UNIVERSITIES

Graduate Follow-up Survey

• If you have secured related employment or plan to continue your education, please complete form and return

OR

• If you are unsure of employment or continuing education, please complete Part A and sign the back of form and return.

Part A: Graduate Contact Information

Name (While in School)_____________________________________________________
Program/Major(s)_________________________________________________________________________________________________________
Address_______________________________________________________________________________________________________________________
Date of Graduation: _______ (month) _____ (year)
Campus Attended: ________ (EGF) ________ (TRF)
Student Id: ________________________________________________
EMAIL ADDRESS: ________________________________________________

Please indicate who is responding to this survey. (Check only one response.)
_____ Graduate  _____ Spouse/Domestic Partner  _____ Parent/Guardian
_____ Institutional Staff  _____ Employer  _____ Other Family Member

Part B: Continuing Education

1. Since graduation have you obtained or are you pursuing (accepted or enrolled at an institution) another degree, diploma, or certificate? (Please check only one response.)
   _____ Yes ⇒ Continue with this part.
   _____ No ⇒ Go to Part C, Item 4.
   Please write the complete name of the institution and its location.
   Institution____________________________________ City________________________ State____

2. What degree have you obtained or are you pursuing?
   _____ Certificate  _____ Diploma  _____ Associate  _____ Bachelor’s  _____ Master’s
   _____ Specialist  _____ First Professional (e.g. dentistry, law, medicine)  _____ Doctorate

3. What was the date you started or were accepted to this program? _____(month) _____(day) _____(year)

Part C: Employment Information

4. Have you started, accepted, or continued a paying job following graduation? (Include self-employment, Peace Corps, military service, or religious mission. Please check only one response.)
   _____ Yes ⇒ Continue with Items 5 through 10.
   _____ No ⇒ Go to Part D, Item 11.

5. If you answered yes to Item 4 and you reported continuing education in Part B, please indicate in which group you prefer to be included. (Check only one.)
   _____ Employment  _____ Continuing Education

6. Please provide the following information about your job. If you have held or accepted more than one job, please provide information on what you consider to be the most important.
   Employer/Firm Name________________________________ Starting wage__________
   City____________________________________ State____
   Country____________________________________
   Job Title/Position or Job Duties________________________________________________________
   Supervisor Name_________________________ Department____________________________________

7. Is the position on average considered to be (please check only one response): _____ Full-time or _____ Part-time

8. What was the date you started or accepted this job? _____(month) _____(day) _____(year)
9. How related is/was this job to the program from which you graduated? (Please check only one response.)

____ Related  ____ Somewhat Related  ____ Unrelated

Note -- Your job is related at least to some degree if it meets any of the following criteria:
• You were required to complete your program or major in order to qualify for this job;
• You are/were using knowledge and skills on your job acquired through your program or major; or
• Your job is/was an entry-level position required in order obtain a job for which you were trained.

If you checked Unrelated, continue with Item 10. Otherwise, you have finished the survey. Please sign your name and enter the date at the end of the survey.

10. Are you actively seeking a job related to your program or major? (Please check only one response.)

____ Yes  ⇒ Reasons why you might not be seeking a related job include the following.
• Occupational License or Certification Pending • Family/Home Responsibilities
• Medical Condition Preventing Work in Field of Study • Continuing Education
• Completed Program for Personal Satisfaction • Military/Volunteer/Religious Service
• Cannot Relocate for Related Employment • Took Unrelated Work by Choice

You have finished the survey. Please sign your name and enter the date at the end of the survey.

Part D: Not Currently Employed

Answer Item 11 only if you checked “No” in response to Item 4 on the previous page.

11. Which of the following describes your status? (Please check only one response.)

_____ Not Currently Employed, Actively Seeking Employment  
_____ Not Currently Employed, Not Actively Seeking Employment  ⇒ Reasons why you might not be seeking employment includes the following.
• Occupational License or Certification Pending • Family/Home Responsibilities
• Medical Condition Preventing Work • Continuing Education
• Completed Program for Personal Satisfaction • Incarcerated
• Cannot Relocate for Related Employment • International Student Returned to Homeland

You have finished the survey. Please sign your name and enter the date below.

Signature of the Graduate (or person completing or responding to the survey)

Date: _____(month) _____(day) _____(year)

Please Print Your Name__________________________________________

Phone (including area code)_____________________________________

-THANK YOU-