

## 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.

Student ID	Program:
<input type="checkbox"/> Associate in Applied Science – AAS <input type="checkbox"/> Associate in Arts – AA (Liberal Arts/Transfer Students) <input type="checkbox"/> Associate in Science – AS <input type="checkbox"/> Diploma – DIP <input type="checkbox"/> Certificate - CERT	
Name to Appear on Diploma (you may include or omit middle name) Please PRINT clearly	
Telephone Number	Email Address
Hometown (City & State)	
Term I will complete all graduation requirements:	
<input type="checkbox"/> Fall Semester/Year <input type="checkbox"/> Spring Semester/Year <input type="checkbox"/> Summer Semester/Year	
Are you planning to participate in the in-person spring graduation ceremony?      Yes      No	
Student Signature	Date

**The graduation ceremony is being videotaped and live streamed**

**OFFICE USE ONLY**

Certificate   Diploma   AA   AS   AAS   Yes _____ No _____  If no, reason:	Cumulative GPA:  Application Entered:
Registrar's Approval:	Date:
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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.*

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**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

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**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)

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**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**

**No** ⇒ **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.**

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**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.**

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**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-**