



North Hennepin
Community College

Graduation Application

Records & Registration, ES 70
North Hennepin Community College
7411 85th Avenue North
Brooklyn Park, MN 55445-2299
Tel: 763-424-0719
FAX: 763-493-0563
www.nhcc.edu

- Your completed Graduation Application must be submitted to Records & Registration (ES 70) by the deadline of the term in which you expect to complete the required coursework (see www.nhcc.edu/dates for deadline information).
- Forms received after the deadline will be considered for the following term.
- Incomplete forms will be returned.
- A Graduation Follow-Up Survey must be submitted with your Graduation Application.

Name _____
First Middle Initial Last

Student ID _____ (or) **Social Security Number** _____

Address _____ **Phone** (____) _____ - _____
Street Day

City State Zip Evening

In which term do you expect to complete the required coursework?

FALL 20 _____ **SPRING 20** _____ **SUMMER 20** _____

For which award(s) would you like to be considered?

- _____ **AA** – Associate in Arts *Note: As of 1995, the AA includes MnTC – Minnesota Transfer Curriculum*
- _____ **MnTC** – Minnesota Transfer Curriculum
- _____ **AFA** – Associate in Fine Arts
- _____ **AS** – Associate in Science *indicate major, as stated in catalog* _____
- _____ **AAS** – Associate in Applied Science *indicate major, as stated in catalog* _____
- _____ **Certificate** *indicate major, as stated in catalog* _____

<u>For office use only:</u>		Date Received: _____	Entered ST3602UG: _____
Term: _____	Honors: Y N ?		
OK? Yes _____	ISRS _____		
No _____	Letter sent _____	OK after _____	Move to _____
Comments: _____			
Term: _____	Honors: Y N ?		
OK? Yes _____	ISRS _____		
No _____	Letter sent _____	OK after _____	Move to _____
Comments: _____			



Graduate Follow-up Survey

Name (while attending NHCC): _____ Student Tech ID: _____

Program Major: _____ Degree: _____

Section A: Graduate Information

Please indicate who is responding to this survey:

Check only one response

- | | |
|--|--|
| <input type="checkbox"/> Graduate | <input type="checkbox"/> Other family member |
| <input type="checkbox"/> Spouse/Domestic Partner | <input type="checkbox"/> Institutional Staff |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Employer |

Section B: Continuing Education

1. Since graduation, have you pursued or obtained another degree, diploma or certificate? *(Please check only ONE response)* Yes No

If yes, please complete the information to the right.

Institution: _____

City: _____ State: _____

If no, please go on to section C.

2. What degree have you pursued or obtained at the listed institution? Certificate Bachelors
 Diploma Masters
 Associate Doctorate

3. What date were you **accepted** into, or started this program? _____ (Month) _____ (Day) _____ (Year)

Section C: Employment Information

- 4 Have you **continued**, accepted or started paid employment following graduation? *(Including self-employment, Peace Corps, Military Service or Religious Mission)* Yes No

*If you answered **no** to this question go to section D, item 11 on the back of this form*

- 5 If you answered yes to item 4 AND you reported continuing education in section B, please indicate in which group you prefer to be included? Employment Continuing Education

6. This position is considered (on the average): Full-time Part-time

7. Please provide the following information about your job. If you have accepted or held more than one job, please provide information on what you consider to be the most important job.
- Employer (Firm Name): _____
City: _____ State: _____
Country: _____
Job Title/Position or Job Duties: _____

Salary (Optional): _____

8. What was the date you accepted or started this job: _____ (Month) _____ (Day) _____ (Year)

