



STANTON UNIVERSITY

9618 Garden Grove Blvd., Suite 201, Garden Grove, CA 92844
Tel.714.539.6561 Fax.714.539.6542 su@stantonuniversity.com

Application for Graduation

INSTRUCTIONS:

Complete and submit this form to Student Affairs at studentaffairs@stantonuniversity.com or at the Stanton University Main Office at the Garden Grove campus.

Student Information

Name			
Last Name:		First Name:	Middle Name:
Student ID		Date of Birth (mm/dd/yyyy)	
Phone Number		E-mail Address	
Address - Street			
City	State	ZIP/Postal Code	Country

Applying for:	
<input type="checkbox"/> Degree (If selected, choose a program below)	<input type="checkbox"/> Certificate, Name of Study: _____
Program	
<input type="checkbox"/> BBA	<input type="checkbox"/> MBA
<input type="checkbox"/> PGM	<input type="checkbox"/> KCA
Completion Term	
<input type="checkbox"/> Winter 20 _____	<input type="checkbox"/> Spring 20 _____
<input type="checkbox"/> Summer 20 _____	<input type="checkbox"/> Fall 20 _____

I understand that I must complete all program requirements and complete all classes in which I am presently enrolled that are required for graduation, and that my financial obligation, including the graduation fee, must be paid in full in order to receive my diploma or certificate.

X _____
Student Signature **Date**

OFFICE USE ONLY			
The student has successfully completed all or is currently enrolled in the last of the courses required for his/her program.		The student has completed all financial obligations to the university or has signed an acceptable repayment agreement for any outstanding balances.	
_____	_____	_____	_____
Dean or Program Director's Signature	Date	Director of Business Affairs Signature	Date
The student has no outstanding fines due to the Stanton University library.		Graduation Fee Received:	
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Librarian Signature	Date	Student's Eligibility for Graduation:	
_____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	



Graduate Exit Interview Form

Your feedback will help improve Stanton University. Your responses to the following questions will help us in evaluating and improving our school for our students. All answers are kept confidential. Thank you for your time.
Note: Please complete both sides of this form.

Basic Information

Name:	Program (e.g. BBA, MBA, PGM, KCA):
Country of Citizenship:	Stanton University Campuses attended: () Garden Grove () Los Angeles () Online
Last Academic Quarter at SU: Winter 20___ Spring 20___ Summer 20___ Fall 20___	

Education and Employment

Section A

1. Are you continuing your education? <input type="checkbox"/> Yes <input type="checkbox"/> No (please go to Section B)	
2. What degree will you pursue: _____	
Name of Institution:	Address of Institution:

Section B

4. Are you currently employed or have a prospective position? <input type="checkbox"/> Yes <input type="checkbox"/> No (please go to Section C)	
5. Please provide the following information of your employer:	
Name of Employer:	Employer Address:
Name of Supervisor:	Supervisor's Title:
Telephone:	Your Job Title:
Check the box that best describes the relationship between your job and your field of study: <input type="checkbox"/> In your field of study <input type="checkbox"/> In a related field <input type="checkbox"/> In a field NOT related your studies	

Section C (If you filled out Section B, please skip Section C.)

If you are not employed, are you actively seeking for a job? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your plan for the immediate future? (Check appropriate box): <input type="checkbox"/> Continue Education <input type="checkbox"/> Start a Family <input type="checkbox"/> Go on a Vacation <input type="checkbox"/> Other: _____

Please continue to the next page.

Your Feedback

How well has the school met your expectations?

- Not at all Hardly Somewhat Mostly Completely N/A

What best describes how useful your education at University for your career plans and future education?

- Not Helpful Somewhat helpful Helpful Very Helpful

Please rate your level of satisfaction in the following areas:

Quality of Education	<input type="radio"/> Highly Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Neutral	<input type="radio"/> Satisfied	<input type="radio"/> Highly Satisfied	<input type="radio"/> N/A
Quality of Instructors	<input type="radio"/> Highly Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Neutral	<input type="radio"/> Satisfied	<input type="radio"/> Highly Satisfied	<input type="radio"/> N/A
Physical Facilities	<input type="radio"/> Highly Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Neutral	<input type="radio"/> Satisfied	<input type="radio"/> Highly Satisfied	<input type="radio"/> N/A
Library Resources	<input type="radio"/> Highly Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Neutral	<input type="radio"/> Satisfied	<input type="radio"/> Highly Satisfied	<input type="radio"/> N/A
Career Support	<input type="radio"/> Highly Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Neutral	<input type="radio"/> Satisfied	<input type="radio"/> Highly Satisfied	<input type="radio"/> N/A
Admissions Process	<input type="radio"/> Highly Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Neutral	<input type="radio"/> Satisfied	<input type="radio"/> Highly Satisfied	<input type="radio"/> N/A
Administrative Support	<input type="radio"/> Highly Dissatisfied	<input type="radio"/> Dissatisfied	<input type="radio"/> Neutral	<input type="radio"/> Satisfied	<input type="radio"/> Highly Satisfied	<input type="radio"/> N/A

What courses, services, and resources at SU have been the most helpful to you? Please explain why.

What courses, services and resources at SU need more improvement? Please explain why.

Signature: _____ Date: _____