

## Independence Community College Graduation Request

I am applying for graduation at ICC and am requesting a degree check for graduation requirements.

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print name as it is to appear on the degree)

Degree/Certificate Requested(ex: AA, AS): \_\_\_\_\_ Major: \_\_\_\_\_  
**Please complete a Change of Major form if major on computer system is incorrect**

Semester applying (Example: Spring 2003, Fall 2004): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Permanent Address: \_\_\_\_\_  
(where you want your diploma sent)

\_\_\_\_\_ I **will** participate in Graduation \_\_\_\_\_ I will **not** participate in Graduation

Information for graduation gown: Height: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

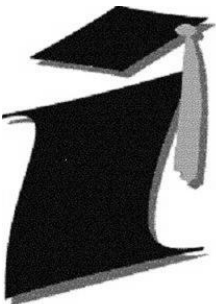
**\*A degree requirements checklist, signed by your advisor, must be attached to the graduation request form.\***

I further understand that I will not receive my diploma until all financial and academic obligations have been met.

Student Signature \_\_\_\_\_

My signature verifies that, to the best of my knowledge, graduation requirements (see attached degree requirement check sheet) have been met.

Advisor Signature \_\_\_\_\_



Return by **March 1<sup>st</sup>** for Spring  
and **October 15<sup>th</sup>** for Fall to

Registrar  
P.O. Box 708  
Independence Community College  
Independence, KS 67301

**Congratulations on your academic achievement!!!!**

## Graduate Exit Interview

Please fill out the following exit interview by circling the appropriate choice or filling in the blanks. This information will be kept confidential.

**1. GENDER**

Male  
 Female

**2. AGE RANGE**

16 - 25  
 26 - 35  
 36 - 45  
 46 - 55  
 56 or Over

**3. ETHNICITY**

American Indian/Alaskan Native  
 Black/Non-Hispanic  
 Asian/Pacific Islander  
 Hispanic/Latino  
 White/Non-Hispanic

**4. Type of Degree/Certificate**

Associate of Art or Science  
 Associate of Applied Science  
 Associate of General Studies  
 Certificate

5. Was ICC your first choice when you decided to attend college?  Yes  No

6. Did you participate on an athletic team(s)? If so, please specify which one.

- Baseball   
  Basketball, Men   
  Basketball, Women   
  Cheer/Dance   
  Football  
 Golf   
  Soccer, Men   
  Soccer, Women   
  Softball   
  Volleyball

7. Please rate the following services. If you rate anything below a 3, please explain on the reverse side of this form.	1-Very Disappointing	2-Disappointing	3-Average	4-Rewarding	5-Very Rewarding	Not Applicable
Admissions Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career/Transfer Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. After graduation, I plan to:

Continue my education (please specify which college or university)

Get a job in my field of study

Join the armed services

Other (please specify)

\_\_\_\_\_

\_\_\_\_\_

9. Would you recommend attending ICC to your friends?  Yes  Uncertain  No

10. Do you feel that your experiences at ICC improved the quality of your life?  Yes  Uncertain  No

11. Your evaluation of ICC's Instruction	Very Good	Good	Fair	Poor	Very Poor
Quality of instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor's knowledge of subject(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course objectives & requirements were made clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content of course(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods of instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of courses at convenient times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of instructors during office hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely response of online instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of services for online students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of advisors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How do you rate your two-year college experience at ICC as preparation for continuing your education?

Very Good  
 Good  
 Fair  
 Poor  
 Very Poor

Thank you for your time and  
Congratulations!