
REQUEST FOR CERTIFICATE OF COMPLETION

Please type or print legibly.

Date: _____

Student Name: _____ UNM ID: _____

Mailing Address: _____

Email Address: _____ Phone #: _____

Fax #: _____

Degree Being Granted: _____ (e.g. MS Physics)

Certificate to Be: Mailed (to address above) Emailed Picked up

Faxed

Certificates of completion will take at least five (5) working days to process. Only ONE certificate will be issued. A review will be made to verify that all degree requirements have been met before this request will be processed. Certificates will not be issued after confirmation of degree is made to transcript.

Student Signature

To Be Completed By Graduate Studies

Date: _____

Financial Holds: _____

Manuscript Received: _____

Outstanding Course Work: _____

Cumulative GPA: _____

Proposed Graduation List: _____