GRADUATE STUDIES

University of New Mexico
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Additions: _____
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Page #: _____

PROPOSED GRADUATION LIST

Department: _____ Semester: _____ Date: _____

Graduate Chair: _____ Phone: _____ Email: _____

Dept. Adv/Adm.: _____ Phone: _____ Email: _____

Student (Last Name, First Name)	**UNM ID#**	**Degree & Major Code Sought** List (see forms page)	**Plan** I or II or III	**Concentrations**	**Courtesy Policy (Y/N)***	**Approved Transcripted Minor/Cert**

Graduate Director _____ Date _____ Department Chair _____ Date _____

*The student completed all degree requirements on or before the prior term.