

GRADUATION APPLICATION

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

STAFF INITIALS: _____

LOBOTRAX YR: _____

CUM. GPA: _____

Submit to your Advisor on or before DEADLINE DATE to:

ADVISOR - DEPARTMENT:	LOCATION:	PHONE #:	FAX #:
<input type="radio"/> Academic Advisement (Gallup Campus)	SSTC 226B	(505) 863-7706	(505) 863-7612
<input type="radio"/> Accessibility Recourse Center (ARC) – TO: Mary Lou Mraz	Gurley Hall 1127	(505) 863-7527 / 7757	
<input type="radio"/> Nursing Program – TO: Tonya Thacker	Nursing Center (NCC) – RM 142	(505) 863-7599	(505) 726-6307
<input type="radio"/> TRiO Program – TO: Sophia Francisco / Kimimila Simms	Gurley Hall 1136 / 1139	(505) 863-7512 / 7654	(505) 726-6309

(REQUIRED) Attach your current LOBO-TRAX Degree Audit Report

NOTE: ** If applying for Multiple Certificate/Degree Programs, you are required to submit a separate form (with required signatures and attachment) for each. Graduation Ceremony for UNM-Gallup campus occurs in May & December of each year.

**IMPORTANT:
INCOMPLETE & LATE
APPLICATIONS WILL NOT BE
ACCEPTED OR PROCESSED**

Name: (Last, First, MI.) _____ Banner ID #: _____

Address: _____ City _____ State _____ Zip-Code _____

Home/Cell Phone: _____ UNM Email: _____ @unm.edu

Work/Message Phone: _____ Other Email: _____

Are you currently ENROLLED? Yes, I am enrolled in _____ credits for this semester. No, I am not enrolled.

I am applying for (check one only **):

LIST DEGREE PROGRAM NAME	EXPECTED GRADUATION DATE (check one only):
<input type="checkbox"/> (CERT) Certificate major in: _____	<input type="checkbox"/> SPRING 20 _____
<input type="checkbox"/> (AA) Associate of Arts major in: _____	<input type="checkbox"/> SUMMER 20 _____
<input type="checkbox"/> (AS) Associate of Science major in: _____	<input type="checkbox"/> FALL 20 _____
<input type="checkbox"/> (AAS) Associates of Applied Science major in: _____	

Do you plan on participating in the Graduation Ceremony exercises? NO, I WILL NOT. YES, I WILL participate.

IMPORTANT: ANY of the following situations will cause your graduation application to be deemed INCOMPLETE

- TRANSFER CREDITS from other College:** Do you have ADDITIONAL CREDITS TO BE TRANSFERRED from another institution before graduation?
 No Yes (If Yes, Have you requested for your other college/institution transcripts yet?)
- COURSE SUBSTITUTION / EXCEPTION for degree program:** Do you have any COURSE SUBSTITUTION/EXCEPTION FORM(S) for any of your course(s) on pending status with your Advisor? No Yes
- GRADE REPLACEMENT FORM for a course:** Do you have any GRADE REPLACEMENT FORM(S) for any of your course(s) on pending status with the Registrar Office? No Yes
- INCOMPLETE ("I") GRADES STATUS:** Do you have any INCOMPLETE "I" GRADE(S) that need review and/or updated with your instructor(s)?
 No Yes
- STUDENT ACCOUNT HOLD:** Do you have any HOLDS that need review and to be resolved? No Yes

IMPORTANT – ACKNOWLEDGEMENT:

I have reviewed and completed the **GRADUATION REQUIREMENTS** with my Advisor. I have read and reviewed the information contained in the graduation application and acknowledge that all of the information I have provided is correct. By signing this graduation application, **I understand that I must successfully complete all current courses with a "C" or better that are required and stated in the University of New Mexico-Gallup Catalog and Lobo-Trax Degree Audit Report. IF I have not, I understand I will not receive my degree.** I further understand I will contact my Advisor for questions and/or concerns I may have regarding my information. If I do not graduate, I understand I must reapply in the following semester with my Advisor. I understand that if any of the above information changes, it is my responsibility to notify my Advisor and/or the Office of the Registrar in Student Services.

STUDENT SIGNATURE (REQUIRED): _____ DATE: _____

(UPDATED-SL/APPROVED-JM 5.20.2016)