

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Graduate Certificate - English (1501)
Department of Interdisciplinary Studies

Student Name: _____

ID# _____

Address: _____

Telephone: _____

(Please include street, city, state, & zip code)

Email: _____

Expected Completion: _____

Date Admitted to Graduate School: _____

Catalog Authority: _____

Program: GC-ENGLISH (18 credits required)

<u>Course Prefix and Number</u>	<u>Course Title</u>	<u>Credits</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: _____	_____	(3)	_____	_____
Course: _____	_____	(3)	_____	_____
Course: _____	_____	(3)	_____	_____
Course: _____	_____	(3)	_____	_____
Course: _____	_____	(3)	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____
Course: _____	_____	()	_____	_____

Total Credit Hours: _____
(18 hours required.)

Copy to Registrar on: _____ **Date:** _____

Grad. Audit sent on: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Advisor or Department Chair Signature: _____ **Signed as:** **Advisor** ☐ **Chair** ☐

Date: _____

Chair, Interdisciplinary Studies: _____ **Date:** _____

Director of Graduate Division: _____ **Date:** _____

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.