

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Graduate Certificate - Mathematics (1701)
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-Mathematics (18 credits required)

<u>Course Prefix and Number</u>	<u>Course Title</u>	<u>Credits</u>	<u>Sem/Year</u>	<u>Grade</u>
_____	_____	(3)	_____	_____
_____	_____	(3)	_____	_____
_____	_____	(3)	_____	_____
_____	_____	(3)	_____	_____
_____	_____	(3)	_____	_____
_____	_____	(1)	_____	_____
_____	_____	(1)	_____	_____
_____	_____	(1)	_____	_____

Total Credit Hours: _____
(18 hours required.)

Copy to Registrar on: _____

Date: _____

Grad. Audit sent on: _____

Date: _____

Student Signature: _____

Date: _____

Advisor or Department Chair: _____

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.