

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Graduate Certificate - Border Security Studies (2120)
Department of Behavioral Sciences

Student Name: _____

ID# _____

Address: _____

Telephone: _____

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

Email: _____

Date Admitted to Graduate School: _____

Expected Completion: _____

Catalog Authority: _____

Program: GC-Border Security (18 credits required)

<u>Course Prefix and Number</u>	<u>Course Title</u>	<u>Cred</u>	<u>Sem/Year</u>	<u>Grade</u>
CJUS 516	<i>Border Issues in US/Mexico Relations</i>	(3)	_____	_____
CJUS 547	<i>Homeland Security</i>	(3)	_____	_____
CJUS/LALS/HIST/POL 567	<i>Drug Wars</i>	(3)	_____	_____
CJUS 546	<i>Transnational Criminal Organizations</i>	(3)	_____	_____
CJUS 553	<i>Introduction to Border Security</i>	(3)	_____	_____
CJUS 551	<i>Immigration Law</i>	(3)	_____	_____
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/Dean Signature: _____

Signed as Advisor: ☐

Chair/Dean: ☐

Date: _____

Chair, Interdisciplinary Studies: _____

Date: _____

Dir 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.