

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Graduate Certificate - Biology (0401)
Department of Interdisciplinary Studies

Student Name _____

ID# _____

Address: _____

Telephone: _____

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

Email: _____

Date Admitted to Graduate School: _____

Catalog Authority: _____

Program: GC-BIOL (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/Dean Signature: _____

Signed as Advisor:

Chair/Dean:

Date: _____

Chair, Interdisciplinary Studies: _____

Date: _____

Assoc VP Academic Affairs/ _____

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.