THE UNIVERSITY OF NEW MEXICO - LOS ALAMOS CAMPUS

OFFICIAL GRADUATION PETITION

Please complete this form and submit to a UNM-LA Academic Advisor one semester prior to your anticipated graduation semester. If you do not actually graduate during the original anticipated graduation semester indicated below, you must re-submit a new “Official Graduation Petition” form one semester prior to your revised anticipated graduation semester.

NAME_________________________________________ UNM ID# ____________________________

(as you wish your name to appear on diploma)

ADDRESS ___________________________ DAYTIME PHONE ___________________________

_________________________________________ EMAIL: _______________________________________

DEGREE PROGRAM: AA  AAS  AS  CERT (Circle One) MAJOR________________________________________

PROGRAM ENTRY DATE ___________/______________  ANTICIPATED GRADUATION ___________/____
Semester Year Semester Year

ARE YOU INTERESTED IN APPLYING/TRANSFERRING TO A FOUR-YEAR IN-STATE SCHOOL?   YES          NO

WHICH SCHOOL ____________________________ PROJECTED MAJOR______________________

__________________________________________________________________________________________

STUDENT SIGNATURE __________________________________________ DATE _________________________

OFFICIAL USE ONLY

_____ All degree requirements have been met - approved to graduate.

_____ All degree requirements will be met with the successful completion of the following _________ semester coursework:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Financial Aid Officer: ____________________________ Date ________________

(Transition Counseling Complete)

Academic Advisor Review ____________________________ Date ________________

Department Chair Review ____________________________ Date ________________

Associate Dean Approval ____________________________ Date ________________

(Return to submitting Academic Advisor; Advisor submits to Registrar for final approval)

Branch Registrar Approval __________________________ Date ________________

COMMENTS: ______________________________________________________________________________

________________________________________________________________________________________

01/30/12