

**NEW MEXICO HIGHLANDS UNIVERSITY**

PO Box 9000, Las Vegas, NM 87701

**APPROVAL FORM FOR GRADUATE DEGREES/CONCENTRATIONS**

Creation

Revision

Deletion

**Date:** \_\_\_\_\_

**Originating Department or Program(s):**  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Person (Name & Telephone Number):** \_\_\_\_\_

**Proposed Degree:** \_\_\_\_\_

**Proposed Date to Admit New Students:** \_\_\_\_\_

Approvals:	Signature	Date
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Department Chair(s): \_\_\_\_\_

College/School Dean(s): \_\_\_\_\_

Chair, Academic Affairs Committee \_\_\_\_\_

Associate Vice President for Academic Affairs:  
(Graduate Dean) \_\_\_\_\_

Faculty Senate: \_\_\_\_\_

Vice President for Academic Affairs: \_\_\_\_\_

President: \_\_\_\_\_

President, Board of Regents: \_\_\_\_\_

New Mexico Council of Graduate Deans: \_\_\_\_\_

Academic Council for Higher Education: \_\_\_\_\_

New Mexico Higher Education Department: \_\_\_\_\_

New Mexico State Board of Finance: \_\_\_\_\_