	Mexico Highlands University Vegas, New Mexico 87701				
APPLYING TO WHICH SEMESTER: FALL/YRSPRIN		-	-		
APPLYING TO GRADUATE PROGRAM/ACADEMIC UNIT/DE	PARTMENT:				-
Student's Name:	Banner ID: 0	D			-
Mailing Address:Street/ PO Box					_
Street/ PO Box	City	,	State	Zip	
Telephone Number:					
BACHELOR'S DEGREE VERIFICATION					
I have received my bachelor's degree and have been	accepted to the graduate	-			
I expect to receive my bachelor's degree in year EX: Spring 2020) following graduate program	and ha			year EX: Spring 2 to the (semester a	
Please email your completed application and supporting documentation to the Department Chair, Dr. Elaine Rodriquez @ erodriquez@nmhu.edu. All supplementary materials must be word-processed; handwritten submissions will not be accepted or considered. Send your complete application and supporting documentation in one email communication.					
SUPPORTING DOCUMENTATION CHECKLIST					
Please initial by each requirement in the space provided.					
Copy of Current Resume					
Copies of Most Recent Unofficial Transcripts Statement of Educational Goals/Objectives (at I	aast ono full nago ann	roy 275 word	la doublo a	nacad)	
Statement of how you can make a contribution to				. ,	
approx. 275 words, double spaced).		,	(		
Brief Explanation of why you need this assistantsh	nip (at least one substantiv	e paragraph,1	50 words, d	ouble	
spaced.					
3 Letters of Recommendation from professors or e	employers. It is the applic	ant's respon	sibility to e	nsure that reque	sted
letters get written, sent, and received. Applica				tters of	
Recommendation are automatically deemed I	ncomplete and consequ	iently set asic	de.		
FOR O	FFICE USE ONLY!				
Graduate Program Coordinator/Chair/Director:	Signature and Date				
Our durite Duranteen Ora	U U		1		
	rdinator/Chair/Director Reco	nmendation to	nire: YES	NU	
College/School Dean:	Signature and Date				
	College/School De	an Recommend	lation: YES_	NO	

APPLICATION FOR GRADUATE ASSISTANTSHIP