NEW MEXICO HIGHLANDS UNIVERSITY

Office of the Registrar
Application for Degree
(505) 454-3438
registrar@nmhu.edu

ALL FIELDS ON THIS FORM ARE REQUIRED AND MUST BE TYPED.

STUDENT INFORMATION:

NMHU ID #: @_____ Date of Birth: Month _____ Day _____ Year _____

Diploma Name: _____
First *Middle* *Last*

Diploma Address: _____

City, State, & Zip Code: _____

Mobile Phone*: _____ Email*: _____@live.nmhu.edu

**Once your diploma is issued, you will receive a claim email and/or text message from Parchment.*

GRADUATION INFORMATION:

Term and Year of expected graduation: Fall 20_____ Spring 20_____ Summer 20_____

Undergraduate Degree: ☐ CERT ☐ AA ☐ BA ☐ BS ☐ BFA ☐ BAS ☐ BBA ☐ BSW ☐ BSN ☐ BSSD

Graduate Degree: ☐ MA ☐ MS ☐ MBA ☐ MSW ☐ MSSD ☐ MFA ☐ MSN ☐ CERT

Major 1: _____ Concentration 1: _____ Minor 1: _____

Major 2: _____ Concentration 2: _____ Minor 2: _____

Where do you plan to attend the spring commencement exercise: ☐ Las Vegas ☐ Rio Rancho ☐ Farmington

Student: *By signing this form, you are granting permission to be listed in all public listings of this event published by the university in all mediums and forms. You also certify that you have submitted all updated official transcripts for transfer analysis, course substitutions in consultation with your academic unit, and any other supporting documentation for your degree clearance. You also understand that you will be charged a one-time, non-refundable graduation fee of $50 per degree or $30 per certificate which must be paid along with all other financial or other obligations due to the university prior to your diploma being issued.*

Student Signature: _____ Date: _____

Academic Advisor: *By signing this form, you are verifying that you have reviewed the students complete academic record for degree completion and certify that the student either has all coursework complete or will complete the remaining credits (no more than 12 credits) in the following summer semester.*

Academic Advisor Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

STAFF: _____