Biomedical Research Education Program Health Sciences Center – Office of Research University of New Mexico

Section I: Student Information

Departmental Intent to Graduate

Student Name:		UNM ID:	Date:
Email:		Phone:	
	an of Graduate Stud	lies. The POS/AC i	lents or an Application for Candidacy (AC) for must be approved before the deadlines listed
Fall Graduation: July 26	Spring Graduation	: December 5	Summer Graduation: May 2
Except for courses in which you are current incomplete or NR grades must be completed	•		NTS, including manuscripts, exams, defenses, llowing semester deadlines:
Fall Graduation: November 15	Spring Gradua	tion: April 15	Summer Graduation: July 15
FAILURE TO MEET THE DEADLINE FOR SUI INCLUDE YOUR NAME ON THE LIST.	BMISSION OF A PO	S/AC WILL NOT E	BE CONSIDERED A COMPELLING REASON TO
Note: You must be registered for thesis/disso	ertation hours durin	g the semester in	which you submit your manuscript to OGS.
Section II: Program Completion My POS/AC has been approved by OGS: Yes Date Approved: No I expect to complete all necessary degree in the second	requirements to grad	duate at the end o	
Section III: Approvals			Data:
Student Signature:SOMREO Program Director:			
JOIVINEO FIOGRAIII DIRECTOR.			Date:

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