

PLEASE COMPLETE THE FOLLOWING INFORMATION – ALL INFORMATION IS REQUIRED

Semester/Year: _____

Name (Last, First, MI) _____

Student ID # (NOT your SS#) _____

Email (UNM or SALUD email required) _____

Concentration: _____

INSTRUCTIONS:

- Review your Degree Checklist with your Faculty Mentor
- Determine which courses you will take for the upcoming semester
- Fill out this form *only* for PH courses contributing to your degree and concentration
- Have questions?
Please contact your faculty mentor or Danny dnoriegalucero@salud.unm.edu;
- Submit, see note "How to Submit."

CRN <small>(i.e.: 12345)</small>	PH Course Number <small>(i.e.: PH 500)</small>	PH Course Name <small>(i.e.: Intro to Registration and Overrides)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date submitted: _____

How to submit

Please send the completed form to Danny (dnoriegalucero@salud.unm.edu) and cc (copy) your faculty mentor.