

Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Date Logged In \_\_\_\_\_ Initials \_\_\_\_\_

# APPLICATION FOR GRADUATION

EASTERN NEW MEXICO UNIVERSITY – ROSWELL

**PRESS FIRMLY**

Name \_\_\_\_\_  
(Will pull from legal name in system)

Social Security # or Student ID # \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Alternate Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Career Services**

Permission is granted to ENMU-Roswell and to the N.M. Department of Labor to use my Social Security Number to ascertain my future employment status to be used exclusively for graduate survey information. Yes No

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Check One:**

- Certificate of Occupational Training (free)
- Certificate of Completion
- Associate of Arts Degree
- Associate of Science
- Associate of Applied Science

### **Fill out completely:**

Major \_\_\_\_\_

Catalog Used \_\_\_\_\_

Expected Completion Date \_\_\_\_\_

### **Graduation Ceremony Information**

Do you plan to participate in the Commencement Ceremony? Yes No

Please see or contact the Bookstore for ordering Cap & Gown and fees at 505-624-7192.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Newspaper Information**

Do you wish your graduation information to be published in the newspaper? Yes No

If yes, do you wish the information published in the Roswell Daily Record? Yes No

Do you wish the information published in any other newspaper? Yes No

Name of other newspaper \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **CAAP REQUIREMENT**

I understand that if I do not complete CAAP Testing, I will not be allowed to graduate or participate in the graduation ceremonies. In addition, I understand that a CAAP hold will be placed on my file which prevents my degree from being posted to my transcript and my ability to obtain copies of my transcript. Please contact the Testing Center for more information at 505-624-7227. *Out of state graduates may be exempt.*

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **TO BE COMPLETED BY REGISTRAR**

RESIDENCE REQUIREMENTS: GPA \_\_\_\_\_ HONORS \_\_\_\_\_ UNIVERSITY SKILLS MET: ENGLISH \_\_\_\_\_ MATHEMATICS \_\_\_\_\_

READING \_\_\_\_\_ UNIV 101/102 \_\_\_\_\_

LACK: \_\_\_\_\_

CURRENTLY ENROLLED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DEGREE CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_ Roll over to next semester \_\_\_\_\_