

SEMESTER CLASS CHOICE FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION - all information is required
Send completed form to spadvise@unm.edu

Degree Program

(MPA/MHA/Shared Credit) _____

Semester/Year:

Fall

Spring

Summer

20____

Name- (Last Name, First)

Student ID #

(NOT your SS#)

Email

(UNM Email ONLY)

Physical Street Address

City

Contact #

Please fill out just the course number and CRN for all requested courses.

			<i>Main</i>	<i>Zoom</i>
PADM Course #	_____	CRN	_____	_____
PADM Course #	_____	CRN	_____	_____
PADM Course #	_____	CRN	_____	_____
PADM Course #	_____	CRN	_____	_____

For additional information, please e-mail us at spadvise@unm.edu.