



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, First, MI) _____

Student ID #

(NOT your SS#) _____

Email

(UNM Email ONLY) _____

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

PADM Course Number _____ CRN _____

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Obtain CRNs through UNM Schedule of Classes at <http://schedule.unm.edu/>.

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