



**Vice President for Research
and Graduate School**
MSC 3GS
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001

Graduate School Part-Time Enrollment Request Form

Student Last Name		Student First Name	
Aggie ID		Student Email	
Primary Contact No.		Program/Major	
Department		Degree Completion Semester/Year	
Part-time Enrollment Term		Credit Hour Enrollment	
Type of Assistantship	<input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Research Assistant <input type="checkbox"/> Graduate Assistant Other		

JUSTIFICATION for Part-Time Enrollment

Approvals	Print or Typed Name	Signature	Date
Student			
Advisor			
Department Head			
Graduate School			
Human Resources			

Processed by: _____ Date: _____

Email completed form to gradinfo@nmsu.edu