



## Petition to Reserve Course for Professional Credit

This form can be filled out with Adobe Acrobat and then printed for signatures. Upon completion, this form should be returned to Texas A&M University, Office of the Registrar, Degree Audit, P.O. Box 30018, College Station, TX 77842-3018; sent via campus mail to MS 0100; sent to [degree-audit@tamu.edu](mailto:degree-audit@tamu.edu) via Filex, or faxed to 979-845-0727. Any questions may be directed to 979-845-1089 or [degree-audit@tamu.edu](mailto:degree-audit@tamu.edu).

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Program Code: \_\_\_\_\_ Expected Graduation Term: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Courses to be Counted Toward Professional Dentistry Degree

CRN or Course	Term
_____	_____
_____	_____
_____	_____

### Courses to be Counted Toward Professional Law Degree

CRN or Course	Term
_____	_____
_____	_____
_____	_____

### Courses to be Counted Toward Professional Medicine Degree

CRN or Course	Term
_____	_____
_____	_____
_____	_____

### Courses to be Counted Toward Professional Pharmacy Degree

CRN or Course	Term
_____	_____
_____	_____
_____	_____

### Courses to be Counted Toward Professional Veterinary Medicine Degree

CRN or Course	Term
_____	_____
_____	_____
_____	_____

*Upon review by appropriate parties in the college, I authorize use of the above courses for graduation purposes.*

\_\_\_\_\_  
Dean or Dean's Designate Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean or Dean's Designate Signature