

Certificate Removal Form

This form can be filled out with Adobe Acrobat and then printed for signatures.

This form is to be completed by the student and returned to the Office of the Registrar, Degree Audit Section, Suite 1501 of the General Services Complex, 750 Agronomy Road, or fax to 979-845-0727. Any questions may be directed to 979-845-1089 or degree-audit@tamu.edu.

Student's full LEGAL name: _____

Student UIN: _____ Degree: _____

Certificate Program: _____

Degree Candidate? Yes No If yes, list the term: _____

TAMU Email: _____

Please read each statement below BEFORE signing:

- I understand that I may not be allowed to complete this certificate program in a future term.
- I understand that any active graduation applications for this certificate program will be cancelled based on it being removed from my record.

Student Signature

Date

For Degree Audit Use Only

Date Received: _____

Processed By: _____

Undergraduate Minor removed on this date: