



Graduate/Professional Petition to Double-Count Courses

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 via Filex; or faxed to 979-845-0727. Any questions may be directed to 979-845-0727 or degree-audit@tamu.edu.

Name: _____ Student ID Number: _____

Program Code: _____ Expected Graduation Term: _____

Courses to be **Double-Counted** Toward Graduate **AND** Professional Credentials (**Approved Combination Programs**)

CRN or Course	Term
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Courses to be Counted Toward **Graduate** Credentials

CRN or Course	Term
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Courses to be Counted Toward **Professional** Credentials

CRN or Course	Term
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Graduate Program Director/Advisor Printed Name

Professional Program Director/Advisor Printed Name

Graduate Program Director/Advisor Signature

Professional Program Director/Advisor Signature

Date

Date