

Undergraduate/Graduate 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:	
	ward Graduate AND Undergraduate Credentials Combination Programs)
CRN or Course	Tem
	<u></u>
	·
Courses to be Count	ted Toward Graduate Credentials
CRN or Course	Term
	-
Courses to Counted T	oward Undergraduate Credentials
CRN or Course	Term
	·
-	
Graduate Program Director/Graduate Advisor Printed Name	Undergraduate Advisor Printed Name
Graduate Program Director/Graduate Advisor Signature	Undergraduate Advisor Signature
Date	 Date