

Application for Extension Enrollment

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, Records Section, P.O. Box 30018, College Station, TX 77842-3018; or General Services Complex, Suite 1501. Any questions may be directed to 979-845-1003 or records@tamu.edu.

Please answer all questions. Please print legibly.

Student Name: Last _____ First _____ Middle _____

Student's ID (if known) _____

M F
 Gender

Are you currently seeking a degree or certificate from Texas A&M University? Yes No

Ethnicity:

American Indian/Alaskan Native Asian/Pacific Islander Black/non-Hispanic
 Hispanic White, non-Hispanic Other

Country of Citizenship: _____

Mailing Address:

_____ Street/P.O.Box

_____ City, State, Zip Code

Date of Birth: Month/Date/Year _____

Place of Birth: City, State, County _____

Previous Institutions Attended

Please list all colleges/universities attended including previous attendance at Texas A&M and extension courses

College/University	Dates of Attendance	Degree(s) Awarded

Directory Information Release Restrictions

The following is considered directory information by Texas A&M University and may be released outside the University unless restricted by the student. Please check any information categories you wish to restrict.

- | | |
|---|--|
| <input type="checkbox"/> Name
<input type="checkbox"/> Address (Local)
<input type="checkbox"/> Address (Permanent)
<input type="checkbox"/> Telephone Number (Local)
<input type="checkbox"/> Telephone Number (Permanent)
<input type="checkbox"/> Email Address | <input type="checkbox"/> Program of Study (College, Major, Campus)
<input type="checkbox"/> Dates of Attendance
<input type="checkbox"/> Previous Education Agencies/Institutions Attended
<input type="checkbox"/> Participation in Officially Recognized Activities & Sports
<input type="checkbox"/> Degrees Honors, & Awards Received
<input type="checkbox"/> Classification |
|---|--|

Student Signature _____

Date _____

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For Department/Extension Course Office Use Only

Extension Course Enrollment		
Beginning Date:	Ending Date:	Campus:
Last Name:	First Name:	Middle Name:

Subject	Course	Section	Hours	Course Title	Grade

Professor (Printed Name) Signature Date