ACADEMIC AFFAIRS
OFFICE OF THE REGISTRAR

TEXAS A&M UNIVERSITY

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.

- ☐ Name
- ☐ Address (Local)
- ☐ Address (Permanent)
- ☐ Telephone Number (Local)
- ☐ Telephone Number (Permanent)
- ☐ Email Address
- ☐ Program of Study (College, Major, Campus)
- ☐ Dates of Attendance
- ☐ Previous Education Agencies/Institutions Attended
- ☐ Participation in Officially Recognized Activities & Sports
- ☐ Degrees Honors, & Awards Received
- ☐ 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

Reset

Print