

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



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### For Department/Extension Course Office Use Only

<b>Extension Course Enrollment</b>		
Beginning Date:	Ending Date:	Campus:
Last Name:	First Name:	Middle Name:

Subject	Course	Section	Hours	Course Title	Grade

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Professor (Printed Name) Signature Date