

Petition to Reserve Courses for Professional Credit

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; or faxed to 979-845-0727. Any questions may be directed to 979-845-1089 or degree-audit@tamu.edu.

Name: _____ Student ID Number: _____
Program Code: _____ Expected Graduation Term: _____
Student Signature: _____ Date: _____

Courses to be Counted Toward **Professional Dentistry** Degree

CRN or Course	Term
_____	_____
_____	_____
_____	_____

Courses to be Counted Toward **Professional Law** Degree

CRN or Course	Term
_____	_____
_____	_____
_____	_____

Courses to be Counted Toward **Professional Medicine** Degree

CRN or Course	Term
_____	_____
_____	_____
_____	_____

Courses to be Counted Toward **Professional Pharmacy** Degree

CRN or Course	Term
_____	_____
_____	_____
_____	_____

Courses to be Counted Toward **Professional Veterinary Medicine** Degree

CRN or Course	Term
_____	_____
_____	_____
_____	_____

Upon review by appropriate parties in the college, I authorize use of the above courses for graduation purposes.

Dean or Dean's Designate

Date