

Department Signature Card for _____ Academic Year

This form can be filled out and then printed for signatures. Upon completion, this form should be returned to Texas A&M University's Office of the Registrar sealed departmental letterhead envelope either: in person; mail (campus mail or U.S. postal service); fax; or scanned and sent via **Filex**. Please see Signature Card Instructions for delivery option details.

Any questions may be directed to 979-845-1031 or registrar@tamu.edu.

Effective Date _____ Is this a change to an already existing card? _____ Is this a replacement of an already existing card? _____

Please send updated cards anytime there is a change to signature authority for your college/department/program.

Department/Program _____ Mail Stop: _____
Signature Card Contact: _____ Phone _____ E-mail _____

I authorize the following individual(s) to sign for the following actions within the Office of the Registrar (check all that apply):

Name (type or print)	Title	UIN (for online access)	Course Prefixes (for grade changes)	Authorized Actions (Check all that apply)	Signature (or type "Remove" if authority is being removed for this person)
				<input type="checkbox"/> GC <input type="checkbox"/> OA <input type="checkbox"/> DH	
				<input type="checkbox"/> GC <input type="checkbox"/> OA <input type="checkbox"/> DH	
				<input type="checkbox"/> GC <input type="checkbox"/> OA <input type="checkbox"/> DH	
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				<input type="checkbox"/> GC <input type="checkbox"/> OA <input type="checkbox"/> DH	

GC – Grade Changes (Online & Paper)	OA – Online Adjustments (Graduate Certificate Programs, Additional Curriculum Requests, or Professional Degree Program Adjustment Requests only)	DH – Department Head Designate (Registration, Scheduling, and other documents requiring Department Head/Director approval)
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Department Head (type or print name) **UIN** (for online access) **Signature** **Date**