

Double Degree Request Form

This form can be filled out with Adobe Acrobat and then printed for signatures. Any questions may be directed to the Degree Audit Section 979-845-1089 or degree-audit@tamu.edu.

Name: _____

Student ID Number: _____

Program Code: _____

Catalog Term: _____

Expected Graduation Term: _____

Degree Candidate: yes no

Secondary Program: _____

Secondary Concentration: _____

Additional Requirements**

Total Hours Completed: _____

Current GPA: _____

*** Each degree awarded by Texas A&M University has its own unique program requirements. Please contact the academic department or college which offers the desired secondary degree program to determine if there are additional requirements a student must meet at the time of application.*

Comments:

Student: _____ (Printed Name) _____ (Signature) Date: _____

Primary Academic Advisor: _____ (Printed Name) _____ (Signature) Date: _____

Secondary Academic Advisor: _____ (Printed Name) _____ (Signature) Date: _____

If Required by College:

Primary Dean/Designate: _____ (Printed Name) _____ (Signature) Date: _____

Secondary Dean/Designate: _____ (Printed Name) _____ (Signature) Date: _____