OFFICE OF THE REGISTRAR

TEXAS A&M UNIVERSITY

Undergraduate Adjustment 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

Student Athlete: ☐ yes ☐ no

Area	Rule	Course	Hours	Term	Transfer	Core	Approved

Comments:

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

Advisor: _____ (Printed Name) _____ (Signature) **Date:** _____

Dept Head: _____ (Printed Name) _____ (Signature) **Date:** _____

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

Reset Print