

Paper Graduation Application

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

This form should be completed if you wish to graduate during a semester in which you are not an enrolled student at Texas A&M University or upon request by the Office of the Registrar.

Student's full LEGAL Name				
STUDENT ID Number: Credential:				
Major:				
I am applying for	Fall Spring	Summer	(year)	graduation.
Attending Ceremony:	Yes No		,	
Diploma/Certificate Mailing Address:				
Contact Email Address:				
Student's Signature			Date	
Student's Signature			Date	•
A non-refundable diploma/g	raduation fee is assessed fo	or each graduation a apply to certificates)	pplication submitted	d by students.
	eleted, <u>SIGNED</u> form to the Audit Office is located	the Degree Audit		
Mailing Address:	Texas A&M University ATTN: Degree Audit P.O. Box 30018 College Station, TX 77	842-3018		
Phone: Email:	979-845-1089 l degree-audit@tamu.ed	Fax: 979-845-07 <u>du</u>	27	
	degree-audit@tamu.ed		27	