TEXAS A&M UNIVERSITY
Naresh K. Vashisht
College of Medicine

TEXAS A&M UNIVERSITY

Petition for Undergraduate Student to Enroll in College of Medicine Graduate Courses

This form can be filled out with Adobe Acrobat and electronically submitted. Upon completion, this form should be returned to Texas A&M College of Medicine, Grad Studies, via email at med-graduatestudies@tamu.edu.

Student Name: _____
Last First Middle

Student UIN:

College:

Department:

Major:

Classification:

Cumulative GPA

Student Signature:

Date:

Course

Course Prefix, Number, & Section: _____ Hours: _____ Term: _____

Please use the space below for details of the request (e.g. brief description of research, etc.

Approval of Course Mentor/Instructor * (Signature) Approval of Course Instructor (Print) Date:

Approval of Major Dept. Head* (Signature) Approval of Major Dept. Head (Print) Date:

Approval of College Offering Course* (Signature) Approval of College Offering Course (Print) Date:

By submitting this form, I acknowledge that registration for undergraduate research for credit requires maintaining a GPR of 3.25 or higher, as outlined in the policies and procedures of this document, and I agree to these terms.

Reset Print

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