TEXAS A&M UNIVERSITY CENTRAL TEXAS

POST-BACC ARTICULATION FORM

This form is to be used to indicate coursework that should be articulated for students seeking a second bachelor's degree.

Student Name: _____ Date: _____

Student ID#: _____ Catalog Year: _____

Degree: _____ Major: _____

Institution	Semester	Course Prefix & Number	Course Title

Return to the Admissions office Room 105, phone: 254-519-5727, fax: 254-519-5486

Faculty Advisor's printed name: _____

Faculty Advisor's signature: _____

(Do not write below this line)

Processed by: _____ *Date:* _____

Approved by Academic Council 11/11