



DUAL ENROLLMENT ADD/DROP REQUEST FORM

NOTE: If you are dropping all enrolled courses, you will be withdrawing from the university. If you are dropping a course but will still be enrolled in a university course, you will continue to be enrolled in the University.

Please Indicate Semester: _____ **Fall 20** _____ **Spring 20** _____ **Summer 20** _____

Student Name (Print last, first, middle)

K ID number

High School Attending

Permanent Home Address

Telephone #

| Check Applicable Box(es) | Instructor(s) Signature is required if adding a class after the 5 th class day. See appropriate Academic Calendar for dates. | | | | |
|--|---|----------------|-----------------|------------------|-------------------------------|
| | <u>CRN</u> | <u>Subject</u> | <u>Course #</u> | <u>Section #</u> | <u>Instructors Signature*</u> |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |

* By signing this form, the instructor is authorizing the Registrar's Office to override any pre-requisites, or co-requisites, for the course being added.

I understand that if I am dropping a course(s) or withdrawing from Texas A&M University-Kingsville, I may be responsible for repayment of all or a percentage of my tuition/fees or other charges. Changes will become effective upon receipt of this form by the Office of the Registrar at A&M-Kingsville.

 Student Signature

 Date

 High School Official Name (Printed)

 High School Official Signature

 Date

Student must complete and return the form to their High School Official who will be responsible for submitting it to the Dual Enrollment Advisor at Texas A&M University – Kingsville for processing.

****Please fax completed form to (361) 593-2379 Attention: Dual Enrollment Advisor.**



| | |
|---------------------------------------|------------|
| For Registrar Office Use Only: | |
| Processed By _____ | Date _____ |