

**TEXAS A&M UNIVERSITY-KINGSVILLE
SCHEDULE CHANGES**

Semester _____ Course Reference Number _____

Course/Section _____ Instructor _____ Cap _____

Cancel/Kill _____ Add _____ Change _____

Action
Requested: _____

(Date Requested) _____ (Time Requested) _____

Chair Approval: _____ Phone Ext: _____

Deans Approval: _____ Phone Ext: _____

Provost Approval: _____ Date: _____

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