



**TEXAS A&M**  
**UNIVERSITY**  
**KINGSVILLE**

OFFICE OF THE REGISTRAR  
 MSC 105, 1050 W. SANTA GERTRUDIS AVE  
 KINGSVILLE, TEXAS 78363-8202  
 PH (361) 593-2811 \* FAX (361) 593-2195  
 www.tamuk.edu

**REQUEST FOR READMIT AFTER ONE YEAR NON-ATTENDANCE FORM**  
**(Please Use Black or Blue Ink Only)**

This form is required of all students who have not been enrolled (taken a course) at Texas A&M University-Kingsville (TAMUK) during the past year and now wish to re-enroll. **NOTE:** If you have not attended TAMUK for 2 or more years, you will need to apply for re-admission with the appropriate admitting office.

Semester requesting to return: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 20\_\_\_ Student ID # \_\_\_\_\_

\_\_\_\_\_  
 (Last Name) (First Name) (Middle Initial) Date of Birth

\_\_\_\_\_  
 Street Address or P.O. Box (Apt. #) City State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name under which previously attended (if different than above): \_\_\_\_\_

Classification (choose one): UG GR DR Major(s): \_\_\_\_\_

(UG ONLY) Minor(s): \_\_\_\_\_ Concentration (if applicable): \_\_\_\_\_

Last term of attendance at TAMUK: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: \_\_\_\_\_

Have you received the Bacterial Meningitis Vaccination in the last five (5)  Yes  No  
 years? If yes, date taken? \_\_\_\_\_

Were you in good academic standing when you left TAMUK?  Yes  No  
*If no, you may be required to obtain an approval letter from your advisor. If required, the Office of the Registrar must receive the approval letter prior to processing the Request for Reinstatement.*

Have you attended another institution since your last enrollment at TAMUK?  Yes  No

If yes: Name of Institution(s): \_\_\_\_\_ Date(s) Attended (From – To): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Note: It is your responsibility to forward your official transcript from any/all college(s) you attended since your last enrollment at TAMUK. Please be sure all transcripts are mailed to the Office of Admission or hand delivered in a sealed envelope to the Javelina Enrollment Services Center located in the Memorial Student Union Building.

I certify that the answers given on this form are correct and complete to the best of my knowledge. I understand that false statements could result in my dismissal from Texas A&M University-Kingsville.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office of the Registrar's Use Only:** Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 03/09/2016