

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 REINSTATEMENT

There will be a \$100 fee charged for reinstatement of one or more classes.

Student's Name:				SSN/Student ID:	
College:				Major:	
Classification: FR	_SO JR	SR	GR		
Semester:		Yes	ar:		
-	dent to be rein	stated that the		ated for the indicated semester. It is understood ill pay for his/her tuition and fees immediately	
Course	Section CRN#		Comments		
Reason for request: _					
				m required to pay for my tuition and fees in full. Failure reinstatement in the current semester.	
Student's Signature Date					
Registrar Use Only:					
Processed By				Date	
Revised 05/26/2021					