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

VERIFICATION OF NONTRADITIONAL COURSES

MUST ATTACH REQUIRED FORM

_____

(PRINT) Last Name First Name Middle Name

_____ _____

Student K ID# or Social Security Number (SS#) Telephone # (Including area code)

_____

Current Mailing Address City State Zip Code

_____ _____

Student Signature Date

SEMESTER(S) TO BE VERIFIED: _____ / _____ / _____

☐ I will pick up verification.
☐ To be picked up by someone other than student. _____
(PLEASE PRINT FULL NAME)

NOTE: Any person picking up verification must present a valid picture ID.

☐ Mail to: _____

_____

_____

☐ Fax to: ( ) _____

ADDITIONAL INFORMATION FOR FAX COVER SHEET:

_____

_____

Office of the Registrar's Use Only Date Picked up: _____ Processed By: _____
Date Mailed: _____ Processed By: _____
Date Faxed: _____ Processed By: _____