

Enrollment ADD/DROP FORM Form must be

submitted to the Office of the Registrar for processing. (email: registrar@tamuk.edu or fax to: 361-593-2195)

Refer to the Academic Calendar for Class Enrollment Deadlines

Name: ID#: K Address: City:State/Zip: Phone:					Semester:		Year:	
					College:			
					Maior:			
						☐ Undergraduate ☐ Graduate		
Phone:						Doctoral	☐ Non-Degree	
							r to the tuition payment deadline on to the <i>Blue & Gold</i>	
Add or Drop								
Check Applicable Box(es)	Applicable Box(es) Note: Instructor signature is not required if dropping a course(s).							
	CRN	Subject	Course #	Section #		Course Title	Instructor's Signature *	
□Add □ Drop								
□Add □ Drop								
□Add □ Drop								
□Add □ Drop								
□Add □ Drop								
enrollment, the f Department Cl	VERRIDE A Collowing apparate	PPROVAL:	If the addition	on of this enr	the appro	priate college affiliat		
Print Signature							Date	
College Dean ((or Proxy)							
Print Signature							Date	
	CI	RN Subj	ect Cou	rse # Sect	ion#	Course Title		
Student Signature:						Date:		
Academic Ac (Required of A						I change effective 201	Oate 4 Fall)	
Athletic Depar							_ Date: or any Transitional course.)	
For Registrar's Office use only: Processed By						I	Date	
If you withdrawal for						Office of the Registrar fo	or more information and	