



TEXAS A&M
UNIVERSITY
KINGSVILLE

Change of Curriculum

(Complete in Black or Blue Ink)

Office of the Registrar
MSC 105, 1050 W. Santa Gertrudis Ave.
Kingsville, TX 78363
PH: (361)593-2811
registrar@tamuk.edu
www.tamuk.edu

Are you a student graduating for the current semester? Yes No

To reflect for current semester, completed form must be submitted to the Office of the Registrar **prior to census date** for the semester.

Student's Last Name

First Name

Middle Name

Phone Number

K00 #

Student's Signature

Date

Current Primary:

Catalog Year: _____

Degree: _____

College: _____

Major: _____

Minor: _____

Concentration: _____

Subject Area #1 (GENS Majors Only): _____

Subject Area #2 (GENS Majors Only): _____

Specialization (AG Majors Only): _____

Support Field (EDKN Major Only): _____

Current Secondary:

Catalog Year: _____

Degree: _____

College: _____

Major: _____

Minor: _____

Concentration: _____

Subject Area #1 (GENS Majors Only): _____

Subject Area #2 (GENS Majors Only): _____

Specialization (AG Majors Only): _____

Support Field (EDKN Major Only): _____

Change Primary To:

Catalog Year: _____

Degree: _____

College: _____

Major: _____

Minor: _____

Concentration: _____

Subject Area #1 (GENS Majors Only): _____

Subject Area #2 (GENS Majors Only): _____

Specialization (AG Majors Only): _____

Support Field (EDKN Major Only): _____

Change Secondary To:

Catalog Year: _____

Degree: _____

College: _____

Major: _____

Minor: _____

Concentration: _____

Subject Area #1 (GENS Majors Only): _____

Subject Area #2 (GENS Majors Only): _____

Specialization (AG Majors Only): _____

Support Field (EDKN Major Only): _____

Current Academic Advisor Approval: Note: If your advisor is unknown, contact your major department to have an advisor assigned.

Current Advisor's Printed Name

Current Advisor's Signature

Date

Change of Academic Advisor Approval: Note: If your advisor is unknown, contact your major department to have an advisor assigned.

New Advisor's Printed Name

New Advisor's Signature

Date

IMPORTANT: If you are currently receiving Veteran benefits, a signature is **REQUIRED** from the VA Office.

VA Office Representative's Printed Name

Representative's Signature

Date

Office of the Registrar Use Only: Processed By _____ Date _____