

OFFICE OF THE REGISTRAR MSC 105, 1050 W. SANTA GERTRUDIS AVE KINGSVILLE, TEXAS 78363-8202

PH (361) 593-2811 * EMAIL: registrar@tamuk.edu

www.tamuk.edu

	NO	N-FUND	ED LA	TE REGISTR	ATION	
understood		he student to i	register after	census date that Texa	the indicated semester. It is as A&M University-Kingsville will	
Student's Name:				K ID #:		
Phone Number:						
Classification: FR SO JR SR GR				Semester:	Year:	
Student's Signature:				Date:		
CRN#	Course Name	Course #	Section	Semester Hours	Instructor's Signature	
Reason for						
				RRIDE APPROVAL		
(Completed	by Instructor): Cu	rrent Enrollme	nt	_ Maximum Enrollm	ent	
If the additional signature is r	-	causes the cur	rrent enrollme	ent to exceed the maxim	um enrollment, the department chair's	
Department Chair: Date:						
(required b	pased on course for	or each colleg	ge)			
A 1						
Approvals:	Department Chai	r Signature (r	equired ba	sed on course for eac	ch college) Date	
	Dean's Signature	(required ba	ased on cou	rse for each college)	Date	
	Registrar Signature Date					
		Fo	r Registrar	Office Use Only		
Processed by	7:				Date	