

**TEXAS A&M UNIVERSITY-KINGSVILLE
SCHEDULE CHANGES**

Semester _____ CRN _____

Course/Section _____ Instructor _____ Cap _____

Cancel/Kill _____ Add _____ Change _____

Action Requested: **(For Instructor Change Please Provide K#)**

Chair Approval: _____ Phone Ext: _____

Deans Approval: _____ Phone Ext: _____

Provost Approval: _____ Date: _____