



RESEARCH AND GRADUATE STUDIES

Texas A&M University-Kingsville
Research and Graduate Studies
College Hall 150
700 University Blvd., MSC118
Kingsville, TX 78363-8202
Phone: 361.593.2808
Fax: 361-593-3412

DIPLOMA CARD

K- ID#: _____

FULL NAME : _____
(First Name) (Middle Name) (Last Name)

CURRENT ADDRESS: _____
(P.O Box or Street #) (City) (State) (Zip)

PHONE NUMBER: _____ DEGREE TO BE AWARDED: _____

MAJOR: _____

(THIS SECTION TO BE COMPLETED BY OFFICE OF GRADUATE STUDIES)

I hereby certify that the name listed above is the student's official name on file at TAMUK _____ (Initials)

- Master's - Thesis Option
Doctorate
Master's - Courses Only Option
Master's - Research Project Option

Please complete both cards.....



RESEARCH AND GRADUATE STUDIES

Texas A&M University-Kingsville
Research and Graduate Studies
College Hall 150
700 University Blvd., MSC118
Kingsville, TX 78363-8202
Phone: 361.593.2808
Fax: 361-593-3412

DIPLOMA CARD

K- ID#: _____

FULL NAME : _____
(First Name) (Middle Name) (Last Name)

CURRENT ADDRESS: _____
(P.O Box or Street #) (City) (State) (Zip)

PHONE NUMBER: _____ DEGREE TO BE AWARDED: _____

MAJOR: _____

(THIS SECTION TO BE COMPLETED BY OFFICE OF GRADUATE STUDIES)

I hereby certify that the name listed above is the student's official name on file at TAMUK _____ (Initials)

- Master's - Thesis Option
Doctorate
Master's - Courses Only Option
Master's - Research Project Option