

**** No Handwritten Documents will be Accepted ****



**TEXAS A&M
UNIVERSITY
KINGSVILLE**

CHANGE IN DEGREE PLAN FORM

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

I, _____, request that _____
(Current Graduate Coordinator) (Student Name)

K # _____, change the Degree Plan from to

Other(Please state reason)

Approved: _____ Date: _____
(Print, Student) (Student signature)

Approved: _____ Date: _____
Print, Current Graduate Coordinator Signature of Current Graduate Coordinator

For Graduate Studies Office use only:

Processed By: _____ Date: _____

IN-HOUSE FORM: SAVE TO STUDENT'S FOLDER.