



**TEXAS A&M**  
**UNIVERSITY**  
**KINGSVILLE**

## Enrollment Add/ Drop Form

It is the **student's responsibility** to submit this form to the Office of the Registrar for processing  
**email:** registrar@tamuk.edu

### Refer to the Academic Calendar for Class Enrollment Deadlines

Name: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

ID#: **K00** \_\_\_\_\_  Undergraduate  Graduate

Phone: \_\_\_\_\_  Doctoral  Non-Degree

**Please Note:** If you add a course to your schedule, you must pay the additional tuition and fees, if any, prior to the tuition payment deadline to validate the added course. To view the balance due or to print your new class schedule, log on to the *Blue & Gold Connection*.

**\*\*If you are withdrawing from ALL of your classes, please contact the Office of the Registrar for more information and the withdrawal forms: email registrar@tamuk.edu or call 361-593-2811.**

Check Applicable Boxes		<b>Note:</b> Instructor's signature is <b>required</b> when <b>adding</b> a course(s). <b>Note:</b> Instructor's signature is <b>not</b> required when <b>dropping</b> a course(s).					
Add	Drop	CRN	Subject	Course #	Section #	Course Title	Instructor Signature <u>when adding a course</u>
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

\* By signing this form, instructor is authorizing the Registrar's Office to override any pre-requisites.

**Enrollment seating capacity ONLY if course is a closed session**

**CAPACITY OVERRIDE APPROVAL** - If the addition of this enrollment causes the current enrollment to exceed the maximum enrollment, the following **signatures** are required from the appropriate college affiliated with the course along with the **course information section**.

Department Chair (or Proxy)  
 Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

CRN	Subject	Course #	Section #	Course Title
CRN	Subject	Course #	Section #	Course Title

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*It is the STUDENT'S responsibility to submit this form to the Office of the Registrar.**

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required of **ALL** students who are adding or dropping a course – policy change effective Fall 2014.

Athletic Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required if the student is an **ATHLETE**.

For Registrar's Office use only: Processed By: \_\_\_\_\_ Date: \_\_\_\_\_