



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

**Change of Curriculum**

OFFICE OF THE REGISTRAR  
MSC 105, 1050 W SANTA GERTRUDIS AVE  
KINGSVILLE, TEXAS 78363-8202  
PH (361) 593-2811 \* FAX (361) 593-2195  
www.tamuk.edu

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

Student's Last Name	First	Middle
Current Mailing Address	City, State	Zip Code
		Phone Number
K ID Number	Student's Signature	Date

<p><b>Current Primary:</b> Catalog Year: _____ Degree: _____ College: _____ Major : _____ Minor: _____ Concentration: _____ : _____ Subject Area #2 (GENS Majors only): _____</p> <p><b>Change Primary to:</b> Catalog Year: _____ Degree: _____ College: _____ Major: _____ Minor: _____ Concentration: _____ : _____ Subject Area #2 (GENS Majors only): _____</p>	<p><b>Current Secondary:</b> Catalog Year: _____ Degree: _____ College: _____ Major : _____ Minor: _____ Concentration: _____ : _____ Subject Area #2 (GENS Majors only): _____</p> <p><b>Change Secondary to:</b> Catalog Year: _____ Degree: _____ College: _____ Major: _____ Minor: _____ Concentration: _____ : _____ Subject Area #2 (GENS Majors only): _____</p>
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To reflect for current semester, completed form must be submitted to the Office of the Registrar prior to Census Date for the semester/term.  
**NOTE:** College of Engineering students must obtain the request form from the department, approved by the Dean, and attach a copy to this form when submitting to the Office of the Registrar.

**Current Academic Advisor Approval:** (\*Note – If your advisor is unknown, contact your major department to have an advisor assigned.)

Signature	Print Name	Date
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**Change of Academic Advisor Approval:** (\*Note – If your advisor is unknown, contact your major department to have an advisor assigned.)

Signature	Print Name	Date
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**IMPORTANT: If you are currently receiving Veteran benefits a signature is required from the VA office.**

VA Office Representative's Name	Representative's Signature	Date
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**Office of the Registrar Use Only:** Processed By \_\_\_\_\_ Date \_\_\_\_\_