

06/07/2021

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

REQUEST FOR READMIT AFTER ONE YEAR NON-ATTENDANCE FORM

This form is required of all students who have not been enrolled (taken a course) at Texas A&M University-Kingsville (TAMUK) during the past year and now wish to re-enroll. **NOTE:** If you have not attended TAMUK for 2 or more years, you will need to apply for re-admission with the appropriate admitting office.

Semester requesting to return:Fa	allSpring	_Summer Stud	ent ID#		
(Last Name)	(First Name)	(Middle Initial)		Date of Birth	
Street Address or P.O. Box (Apt. #)		City	State	Zip Code	
Phone:	Email Addre	ess:			
Name under which previously attended	(if different than ab	pove):			
Classification (choose one): UG GR	DR Major(s	s):			
	Concentration (if applicable):				
Last term of attendance at TAMUK:	Fall	SpringSur	mmer	Year:	
Have you received the Bacterial Mening years? If yes, date taken? Were you in good academic standing we If no, you may be required to obtain an receive the approval letter prior to produce the approval letter prior to produce you attended another institution of	then you left TAMU approval letter from cessing the Request	JK? <u>Yes No</u> No myour advisor. If required for Reinstatement.	— l, the Office of t		
Have you attended another institution si If yes: Name of Institution(s):	nce your last enroll		_Yesr	No - To): 	
Note: It is your responsibility to forward yo Please be sure all transcripts are mailed to the Services Center located in the Memorial Stu I certify that the answers given on this statements could result in my dismissal	ne Office of Admission adent Union Building from are correct and	on or hand delivered in a seal . d complete to the best of m	ed envelope to th	e Javelina Enrollment	
Signature:		Date:			
Office of the Registrar's Use Or			Date:		