

Enrollment ADD/DROP FORM

Must be submitted to the Office of the Registrar email: registrar@tamuk.edu

Refer to the Academic Calendar for Class Enrollment Deadlines

Name:								Semester:	Year:	
ID#: K								Undergraduate	Graduate	
Phone:								Doctoral	Non-Degree	
dea	dlin	e to vali	date the a	dded cours	se. To viev	w the balance	e due or to pri		any, prior to the tuition payment e, please log on to the <i>Blue & Gold</i>	
Check Applicable Box(es) Note: Instructor signa					signatur	e is not req	uired if dro	oping a course(s).		
Ad		Drop	CRN	Subject	Course #	Section #		Course Title	Instructor Signature when adding a course	
* D	y si	ming thi	s form in	estructor is	authorizi	ng the Pegist	tror's Office t	o override any pre requisit	as .	
* 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 approval signatures are required from the appropriate college affiliated with the course. Department Chair (or Proxy)										
			,	Signature				Date	<u> </u>	
			CI	RN	Subject	Course #	Section #	Course Title		
			CF	RN	Subject	Course #	Section #	Course Title		
Stu	Student Signature: Date									
Ac (Re	ade aui	mic Ad	visor Sig LL stude	gnature: ents who a	re adding	or dropping	ng a course –			
			rtment or	Transitio	onal Coor	dinator Sig	nature:	ed) and/or enrolled for any	Date:	
For Registrar's Office use only: Processed By								_	Date	
I	If you are withdrawing from <u>ALL</u> of your classes, please contact the Office of the Registrar for more information and withdrawal forms - email <u>registrar@tamuk.edu</u> or call 361-593-2811.									

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