



OFFICE OF THE REGISTRAR
 MSC 105, 1050 W. SANTA GERTRUDIS AVE
 KINGSVILLE, TEXAS 78363-8202
 PH (361) 593-2811 Email: registrar@tamuk.edu
 www.tamuk.edu

DUAL ENROLLMENT ADD/DROP REQUEST FORM

NOTE: If you are dropping all enrolled courses, you will be withdrawing from the university. If you are dropping a course but will still be enrolled in a university course, you will continue to be enrolled in the University.

Please Indicate Semester: _____ **Fall 20** _____ **Spring 20** _____ **Summer 20** _____

Student Name (Print last, first, middle) _____

K ID number _____

High School Attending _____

Permanent Home Address _____

Telephone # _____

| Check Applicable Box(es) | Instructor(s) Signature is required if adding a class after the 5 th class day. See appropriate Academic Calendar for dates. | | | | |
|--|---|---------|----------|-----------|------------------------|
| | CRN | Subject | Course # | Section # | Instructors Signature* |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | | | | | |

* By signing this form, the instructor is authorizing the Registrar's Office to override any pre-requisites, or co-requisites, for the course being added.

I understand that if I am dropping a course(s) or withdrawing from Texas A&M University-Kingsville, I may be responsible for repayment of all or a percentage of my tuition/fees or other charges. Changes will become effective upon receipt of this form by the Office of the Registrar at A&M-Kingsville.

Student Signature _____

Date _____

High School Official Name (Printed) _____

High School Official Signature _____

Date _____

Student must complete and return the form to their High School Official who will be responsible for submitting it to the Dual Enrollment Advisor at Texas A&M University – Kingsville for processing.

****Please fax completed form to (361) 593-2379 Attention: Dual Enrollment Advisor.**



| | |
|---------------------------------------|------------|
| For Registrar Office Use Only: | |
| Processed By _____ | Date _____ |