

Processed by: _____

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.eclu

NON-FUNDED LATE ENROLLMENT Permission is requested to allow the named student below to enroll late for the indicated semester. It is understood that by allowing the student to enroll after census date that Texas A&M University-Kingsville will receive no funding from the state for this student or these courses. Student's Name: _____ K ID #: _____ Major: College: _____ Classification: FR SO JR SR GR Semester: Year: Student's Signature: Date: Course Name CRN# Course # Section **Semester Hours Instructor's Signature** Reason for request: CAPACITY OVERRIDE APPROVAL (Completed by Instructor): Current Enrollment _____ Maximum Enrollment ____ If the addition of this enrollment causes the current enrollment to exceed the maximum enrollment, the department chair's signature is required. Department Chair: _____ (required based on course for each college) Approvals: __ Department Chair Signature (required based on course for each college) Date Dean's Signature (required based on course for each college) Date Registrar Signature Date For Registrar Office Use Only

Date _____