

## OFFICE OF THE REGISTRAR MSC 105, 1050 SANTA GERTRUDIS AVE KINGSVILLE, TEXAS 78363-8202

PH (361) 593-2811 EMAIL: registrar@tamuk.edu

www.tamuk.edu

## TAMUK Priority Enrollment Approval Form

TAMUK Priority Enrollment rules requires coordinators of campus groups that want to be given priority enrollment to apply for priority enrollment in writing. Therefore, coordinators must submit a written explanation detailing why their group meets the eligibility requirements listed below to the Priority Enrollment Committee no later than <u>February 3, 2025</u> for the following academic year (2025-2026). Priority enrollment will be granted only if all three conditions below (#3) are met.

Name and Activity of the group:

_		dinator's Name, Title, & Phone #:	
3.	Eligibility Criteria for Category C Groups: Students participating in University Activity(s):		
	A.	Student must participate in a university activity that significantly benefits the u	iniversity:
	В.	Priority Enrollment must be necessary for the student to successfully participa	te in the activity:
	C.	Priority enrollment must be necessary to allow a sufficient number of students the activity (provide the number in the group):	to participate in
SUBMIT WRITTEN REQUEST TO REGISTRAR. Provide a listing of students' ID and last & first names. Excel spread sheet preferred via ACCELLION to Millie Slaughter (mildred.slaughter@tamuk.edu)  Signature of Coordinator:			
name ( <u>mild</u>	s. Exce re <u>d.sla</u>	el spread sheet preferred via ACCELLION to Millie Slaughter ughter@tamuk.edu)	nd last & first
name ( <u>mild</u>	s. Exce re <u>d.sla</u>	el spread sheet preferred via ACCELLION to Millie Slaughter ughter@tamuk.edu)	
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name ( <u>mild</u> Signa	s. Exce red.sla ture of	el spread sheet preferred via ACCELLION to Millie Slaughter  ughter@tamuk.edu)  Coordinator:  FOR THE USE OF THE PRIORITY REGISTRATION COMMITTE	E
name ( <u>mild</u> Signa Date (	s. Exce red.sla ture of of Revie oved:	Signature of Committee Chairman:	E