TEXAS A&M UNIVERSITY-KINGSVILLE
SCHEDULE CHANGES

Semester _____   CRN_____

Course/Section_____   Instructor_____   Cap_____

Cancel/Kill_____   Add_____   Change_____

Action Requested: (**For Instructor Change Please Provide K#**)

_____
_____
_____

Chair Approval:_____ Phone Ext:_____

Deans Approval:_____ Phone Ext:_____

Provost Approval:_____Date:_____