OFFICE OF THE REGISTRAR
MSC 105, 1050 W SANTA GERTRUDIS AV
KINGSVILLE, TEXAS 78363-8202
PH (361) 593-2811 * FAX (361) 593-2195
www.tamuk.edu

Change of Curriculum

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Student's Last Name ____________ First ____________ Middle ____________

Current Mailing Address ____________ City, S ss semester/term.

Current Primary:
Catalog Year: ____________
Degree: ____________
College: ____________
Major : ____________
Minor: ____________
Concentration: ____________
: ____________

Current Secondary:
Catalog Year: ____________
Degree: ____________
College: ____________
Major : ____________
Minor: ____________
Concentration: ____________
: ____________

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Change Primary to:
Catalog Year: ____________
Degree: ____________
College: ____________
Major: ____________
Minor: ____________

Change Secondary to:
Catalog Year: ____________
Degree: ____________
College: ____________
Major: ____________
Minor: ____________

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NOTE: College of Engineering students must obtain the request form from the department, approved by the Dean, and a
form when submitting to the Office of the Registrar

Current Academic Advisor Approval: (*Note – If your advisor is unknown, contact your major department to have an advisor assigned.)

Signature ____________ Print Name ____________ Date ____________

Change of Academic Advisor Approval: (*Note – If your advisor is unknown, contact your major department to have an advisor assigne

Signature ____________ Print Name ____________ Date ____________

IMPORTANT: If you are currently receiving Veteran benefits a signature is required from the VA office.

VA Office Representative's Name ____________ Representative's Signature ____________ Date ____________

Office of the Registrar Use Only: Processed By____________ Date____________

Rev.