



### Computer Science Support Form

INITIAL

UPDATE

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Lower Level 12 hours	Upper Level 12 hours

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Faculty Advisor Signature**

\_\_\_\_\_  
**Date**

*Processed by/Date:* \_\_\_\_\_

Please return to: Founder’s Hall 108 or Fax: 254-519-5486 or Email: [records@tamuct.edu](mailto:records@tamuct.edu)

Registrar’s Office | 1001 Leadership Place | Killeen, TX 76549 | (254) 501-5857