

Complete, print, sign and submit the form by one of the following methods: Fax (470) 578-9097; mail: Office of the Registrar, 585 Cobb Avenue, MD 0116, ATTN: GATES, Kennesaw, GA 30144-5591; scan and email form to registrar@kennesaw.edu; or bring the form to: **Kennesaw Campus** - GATES (a division of the Office of the Registrar) or **Marietta Campus** - Building B, M-F, 8 am to 5 pm.

**Undergraduate Request to Change Catalog Year
KENNESAW STATE UNIVERSITY**

NAME _____

KSU ID # _____

Phone Number _____

Email Address _____

Current Major _____

Concentration (if applicable): _____

Term and Year Entered Kennesaw State University _____

Catalog Year you wish to change to _____

Petitioned to Graduate? Yes No

I have reviewed the degree program for my major and, if applicable, concentration and would like to continue my studies under the new catalog year as indicated above. I also understand that by choosing to switch to the new catalog, I am required to meet ALL graduation requirements including any program GPA requirements for that degree and major that year.

Student Signature _____

Date _____

Advisor Signature _____

DATE _____

Additional Gated Program Approval _____

DATE _____

APPROVED

OFFICE OF THE REGISTRAR USE ONLY
COMMENTS: _____

DENIED

Initials _____

Date _____