KENNESAW STATE
UNIVERSITY
COLLEGE OF GRADUATE AND
PROFESSIONAL EDUCATION

Request for Change of Catalog Year

Email completed form with signatures to gradcollegeforms@kennesaw.edu

Name: KSU ID#:

Phone Number: KSU Email:

Graduate Program:

Major: Concentration:

Term and Year Entered Graduate College:

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 listed above. I understand that by choosing to switch to the new catalog year, I am required to meet ALL graduation requirements including any program GPA requirements for that program for that year.

Student Signature: Date:

Program Director Signature: Date:

GRADUATE COLLEGE USE ONLY

Approved   Denied   Initials   Date

Comments: _____
_____