

24. Hours remaining in completion of undergraduate degree _____
25. Hours completed at Kennesaw State University _____
26. Current KSU grade point average _____
27. Expected date of graduation _____

28. List all colleges and universities attended, including Kennesaw State University (use an extra sheet if necessary). Official credentials must be mailed directly to the Office of Graduate Admissions by the sending institution or agency. **KSU students must request official transcripts from colleges not on file at KSU.**

(office use only)	Institution	Location City, State	Years of Attendance (YEAR - YEAR)	Concentration	Type of Degree Received (AA,BS, etc.)
			TO		
			TO		
			TO		
			TO		
			TO		

FAILURE TO LIST ALL COLLEGES PREVIOUSLY ATTENDED, THROUGH OMISSION OR MISREPRESENTATION, WILL DISQUALIFY APPLICANT.

29. International Applicants Only

A member of the National Association of Credential Evaluation Services must evaluate international transcripts on a **course-by-course basis**. This evaluation must be sent directly to the Office of Graduate Admissions.

Date International Transcript Materials Submitted to Credential Evaluation Services _____

International students from countries where English is not the primary language must take the TOEFL.

Date TOEFL was taken or is scheduled? _____

30. See current Graduate Catalog for additional application requirements in the program. Mail all application materials directly to the Dean of Graduate Studies, Kennesaw State University, 1000 Chastain Road, Campus Box 0112, Kennesaw, GA, 30144-5591.

31. Test scores to be submitted (see program requirements): GRE GMAT LSAT Date of Test _____ Score _____

32. Please provide information for the following items. For each yes answer, please respond to the corresponding questions. (NOTE: Failure to complete this portion of the application may result in your classification as a non-resident for fee-payment purposes.)

	Yes	No	In Which State?	Original Issue Date	Most Recent Date
Driver's License					
Vehicle Registration					
Voter Registration					
State Income Tax Returns					

33. EMERGENCY CONTACT RELATIONSHIP: 1. Parent 2. Guardian 3. Spouse 4. Other

NAME _____

PERMANENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

COUNTRY OF ADDRESS (if not USA) _____ CONTACT PHONE NUMBER _____

If you are an applicant with a disability, please notify the Student Development Center prior to enrollment.

I have completed the attached course substitution form showing the specific graduate level courses that will substitute for requirements of the Bachelor's Degree.

DATE SIGNATURE, DEPARTMENT CHAIR, UNDERGRADUATE MAJOR

Please be aware that minimum admissions standards are subject to change.

I certify that the information given above is complete and true, and if my application is accepted and I become a student, I agree to abide by the published regulations of the university and the policies of the Board of Regents of the University System of Georgia.

I understand by endorsing this application that my name and address will not be routinely released without my personal written authorization.

DATE SIGNATURE OF APPLICANT

Applications will not be processed without the required fee.

Mail all application materials to the Dean of Graduate Studies, Kennesaw State University, 1000 Chastain Road, Box 0112, Kennesaw, GA 30144-5591.
Kennesaw State University, a member of the University System of Georgia, is an affirmative action/equal opportunity institution and does not discriminate on the basis of race, religion, color, sex, sexual orientation, age, handicap or national origin.

**KENNESAW STATE UNIVERSITY
ACCELERATED BACHELOR'S - MASTER'S DEGREE PROGRAM
Dual Credit Courses**

Name _____ Student ID# _____

Date _____ Telephone (work) _____
(home) _____

First term enrolled at Kennesaw State _____

Undergraduate Major _____ Graduate Major _____

Before completing the Dual Credit Course Request form, below, please note:

1. This form should be completed as part of the admission packet for the Accelerated Bachelor's - Master's Degree Program.
2. If your program changes (either undergraduate major or graduate major) after this form has been completed, a new request is required.
3. Approval of the dual credit requested is only for course context. All appropriate regulations regarding grade requirements are in effect. EXAMPLE: "B" grades are required in all of the courses listed below.
4. Grades in graduate classes used to satisfy undergraduate classes are not computed as a part of the undergraduate grade point average, nor effect undergraduate honors.
5. The maximum number of hours allowed for dual credit is 9 semester hours or 3 classes.
6. The dual credit course request is not final until all signatures are obtained and the original is on file in the Office of the Registrar.

DUAL COURSE REQUEST

UNDERGRADUATE REQUIRED COURSE	GRADUATE CLASS USED TO SATISFY REQUIREMENT
COMMENTS	

Signature – Department Chair of Undergraduate Major

Date

Signature – Graduate Program Director

Date

Signature – Dean of Graduate Studies

Date

Signature – Registrar

Date

Note: If signed by all parties above, this implies approval and admission to the Accelerated Bachelor's-Master's Degree Program.

Distribution: Original Student File
Student
Department Chair
Program Director
Dean of Undergraduate Studies

Updated: 11/12/03