

Request for Change of Program to MS in Cybersecurity

Student Name:	
KSU ID#:	
Effective Term:	
Current Progam:	
I understand this is a request and completio	n of this form does not guarantee admission into the program.
Student Signature:	Date:
Approval	l Process: College Use Only
Current Coordinator Signature:	Date:
MSCyber Coordinator Signature:	Date:
Approve Deny	
Following Foundation Modules Required I	f Applicable:
Programing Principles	
Computing Infrastructure	
Data Communication & Net	working
Cybersecurity Foundation	
Graduate College Approval:	Date: