



Request for Change of Concentration

Name:

KSU ID#

Program:

Effective Term:

New Concentration:

By signing and dating this form I am choosing the program concentration I wish to pursue. If I choose to change my concentration later, I understand that some courses may not count toward my degree, but all grades will be used in the calculation of my GPA.

Student Signature:

Date:

Program Approval

Program Coordinator:

Signature:

Date:

Graduate College Approval

Signature:

Date: