MILITARY TRANSFER CREDIT AGREEMENT
KENNESAW STATE UNIVERSITY

NAME ___________________________________________ KSU ID # __________

KSU Student Email Address ___________________________ Phone Number __________

@students.kennesaw.edu

________ (initials) I request to have my military experience awarded as undergraduate transfer credit. I understand that I may receive up to twelve undergraduate semester hours of elective credit. I further understand these credits will count towards my attempted hours, which may affect my financial aid eligibility, and that I am responsible for contacting the Office of Financial Aid regarding this. I also understand that once I make this decision and credits are applied to my student record, they cannot be removed for any reason because the amount of transfer credit determines Financial Aid eligibility, including both federal and state aid.

________ (initials) I request to NOT have my military experience awarded as undergraduate transfer credit. I understand that I will not receive undergraduate elective credit for military service. I understand that once I make this decision, it cannot be reversed because the amount of transfer credit determines Financial Aid eligibility, including both federal and state aid.

I, ____________________________________________, understand the above and have made the decision with the understanding that once I choose an option, it cannot be changed. The deadline to submit this form is the last day of drop/add during my first term of enrollment at Kennesaw State University.

Date __________

Student Signature ______________________________________

REGISTRARS OFFICE USE ONLY

Total Hours Awarded __________ G.A.T.E.S. __________ Date __________

REV 8/15/12