



**Request for Change of Major**  
*Bagwell College of Education Students*

Student Name:

KSU ID#:

Effective Term:

New Program:

*I understand this is a request and completion of this form does not guarantee admission into the program.*

Student Signature:

Date:

***Once you have completed the above portion please email form and Statement of Purpose to [gradcollegeforms@kennesaw.edu](mailto:gradcollegeforms@kennesaw.edu)***

<b>Approval Process: College Use Only</b>
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Current Coordinator Signature:

Date

Approve

Deny

New Coordinator Signature:

Date:

Approve

Deny

Bagwell College Associate Dean Signature:

Date:

Approve

Deny

Graduate College Approval:

Date: