

Complete, print, sign and submit the form by one of the following methods: Fax (470) 578-9097; mail: Office of the Registrar, 585 Cobb Avenue, MD 0116, ATTN: Military Credit, Kennesaw, GA 30144-5591; scan and email form to militarycredit@kennesaw.edu; or bring the form to: **Kennesaw Campus** - GATES (a division of the Office of the Registrar) or **Marietta Campus** - Building B, M-F, 8 am to 5 pm.

MILITARY TRANSFER CREDIT AGREEMENT KENNESAW STATE UNIVERSITY

NAME _____ KSU ID # _____
KSU Student Email Address _____@students.kennesaw.edu Phone Number _____

_____(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 toward my attempted hours, which may affect 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.**

Student Signature _____ Date _____

REGISTRARS OFFICE USE ONLY

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