Office of the Registrar
Course Modification Request Form

KENNESAW STATE UNIVERSITY

Departments should use this form to request course modifications once schedule building has closed. Course modifications will NOT be accepted past the add/drop deadline for the semester of the request.

First Name:_____ Last Name:_____

Phone (extension):_____ Department:_____

Semester: ☐ fall ☐ spring ☐ summer Year:_____

CRN:_____ Subject:_____ Course Number:_____ Section:_____

COURSE MODIFICATION:
(select all that apply)

☐ Campus: Select One

☐ Credit Hours:_____

☐ Crosslist:_____
(please list courses)

☐ Instructor ID #:_____

☐ Part-of-Term: Select One

☐ Building:_____

☐ Instructional Method: F - Fully at a Distance 100%

☐ Uncrosslist:_____
(please list courses)

☐ Room:_____

☐ Grade Mode: Select One

☐ Cancel Course

☐ Meeting Pattern:

Meeting Type	M T W R F Sa Su	Start Time	End Time
Select One	☐ ☐ ☐ ☐ ☐ ☐ ☐		
Select One	☐ ☐ ☐ ☐ ☐ ☐ ☐		
Select One	☐ ☐ ☐ ☐ ☐ ☐ ☐		

Comments:

Requester Signature:_____ **Date:**_____

Office of the Registrar Use Only

Initials:_____ Date:_____

Comments:_____

PLEASE ALLOW 1-3 BUSINESS DAYS FOR PROCESSING

Updated: 11/5/2025