



Undergraduate Change of Semester Form

*****Important – Do not use this form if you have attended classes at GSW*****

(Please Type or Print Neatly)

*Name: _____ *SS# _____

*Address: _____

*City _____ *State _____ *Zip _____

*Phone: _____

Email: _____

*Last term applied for: _____

*Schools attended since last applied (if applicable): _____

*Intended field of study: _____

*Reapplying as: Freshman Transfer Transient Other _____

*Please move my file to the semester checked below:

Spring (January to May) Summer (June to July) Fall (August to December)

Signature _____ Date _____

*Must have information before file can be updated.

Please return to:
Georgia Southwestern State University
Office of Admissions
800 Georgia Southwestern State University Drive
Americus, GA 31709
800-338-0082
229-928-1273
229-931-2983 (FAX)