Enrollment Services
Registrar's Office
4225 University Avenue
Columbus, Georgia 31907



TEL: (706) 507-8800 FAX: (706) 568-2047 www.columbusstate.edu

Military Certificate of Acceptance Request Form

Name:		
Last	First	Middle Initial
CSU ID:	Major:	
Term to Begin:	Phone Number:	
 transcripts have been evaluat Please allow 2-3 weeks for p If you require a tentative list your academic department ch 	of planned courses per academic semester	ed.
Please select program (check one):		
Degree Completion Program No. of Months (check one) 1	2 mons 15 mons 18 mons	24 mos
ROTC Green to Gold* (scho	plarship and non-scholarship)	
Active Duty Green to Gold*		
*You must see CSU's Militar	ry Science department for additional requ	irements.
Please indicate method of delivery	(check one):	
Pick-up (You will be by notifi	ied via CougarNet email when your letter	is ready.)
Mail to:		
Signature of Student	Date	