

## College of Graduate Studies and Research

Whitt Hall; PO Box 6928 Radford, VA 24142 Phone 540-831-5431 Fax 540-831-6061

## **CONTINUOUS ENROLLMENT FORM GRAD 799**

|        | NAME  | STUDENT ID  |  |
|--------|---|---|--|
|        | ADDRESS:  |   |  |
|        | RADFORD EMAIL ADDRESS:  |   |  |
|        | TELEPHONE NO:   |   |  |
|        | MAJOR: Choose an item.  |   |  |
|        | Reason for er   | nrollment into GRAD 799: (Please check all that applies)                            |  |
|        |   | original term of registration<br>on of "I" or "IP" Grade                            |  |
|        | Must complete final Comprehens Expected semester of Completion      | nsive Exam<br>on of Comp Exam   |  |
|        | Must complete final Dissertation<br>Expected semester of Completion | n Defense<br>on of Dissertation Defense   |  |
|        | Must complete final Thesis Defen<br>Expected semester of Completion | nse<br>on of Thesis Defense   |  |
|        | Must complete final Recital<br>Expected semester of Completion      | on of Recital   |  |
|        | Must complete Thesis or Disserta<br>Expected semester of Completion | ation and submit to the library<br>on of submission of final Thesis or Dissertation |  |
|        | Other Requirements (Please list)                                    |   |  |
|        | Expected semester of Other Requ                                     | uirements   |  |
| EXPECT | ED SEMESTER OF COMPLETION OF DEGREE                                 |   |  |
| SEMES  | TER FOR ENROLLMENT (GRAD 799):                                      |   |  |
| APPRO  | OVALS:  |   |  |
|        | Advisor   | Date  |  |
|        | Dean, Graduate College  | Date  |  |
|        |   |   |  |

Submit form to Graduate College. Graduate College sends form to Registrar.

Registrar's Office enrolls student in Grad 799. Must pay \$50.00 enrollment fee. This may be done with Students Accounts.