

(rev. 6/09)

RADFORD UNIVERSITY
COLLEGE OF GRADUATE AND PROFESSIONAL STUDIES
Permission to Transfer Courses to Radford University
Prior to Enrolling in Courses

Name _____
(Last) (First) (Middle) (Maiden)

Student ID _____

Address _____
(Street) (City) (State) (Zip)

Email _____

Telephone: Home _____ Daytime _____

Major Field of Study at RU _____ **Expected Degree** _____

Institution at which you plan to take graduate course(s) to transfer to RU _____

_____ **Address of Institution** _____

Course Prefix	Title	Hrs. Credit	Sem. & Yr. To be taken
_____	_____	_____	_____
_____	_____	_____	_____

Is this an elective course? _____

Do you plan to substitute this for a required course in your program of study? _____

If so, which RU course will it replace? _____

Reason for transferring course _____

APPROVALS:

_____ is a graduate student in good standing at Radford University
(Name of Student)
and has our permission to enroll as a transfer student at _____.
(Name of Institution)

Advisor

Date

Dept. Chair or Program Coordinator

Date

Dean, Graduate College

Date

College of Graduate and Professional Studies
P. O. Box 6928, Radford University
Radford, VA 24142
(540) 831-5724