

PERMISSION TO TRANSFER COURSES TO RADFORD UNIVERSITY

Please read instructions carefully before completing this form. Transfer credits for Pass/Fail courses will not transfer for credit. Only approved graduate level credits with a grade of "B" or better will transfer to Radford University. Please complete this form in its entirety. If more than one course is being requested for transfer you must answer each question for each course requested.

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

Student ID _____

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

Radford University Email: _____

Telephone: _____

Program of Study at Radford University:

Institution at which you plan to take or have taken graduate course(s) to transfer to Radford University

Course Prefix	Title	Credit Hours	Sem. & Yr.	Grade	Verified Office Use Only	
1) _____	_____	_____	_____	_____	Approve	Disapprove
2) _____	_____	_____	_____	_____	Approve	Disapprove
3) _____	_____	_____	_____	_____	Approve	Disapprove

Is this an elective course? 1) _____ 2) _____ 3) _____
 Will this substitute for a required course in your program of study? 1) _____ 2) _____ 3) _____
 If so, which Radford University course will it replace? 1) _____ 2) _____ 3) _____
 Reason for transferring course _____

This form must be approved by your Advisor and Dept. Chair/Program Coordinator prior to submitting to the Graduate College. Final approval from the Graduate College will not be granted until we have this form completed with approvals and a final official transcript showing that all requirements have been met. Transfer credits for Pass/Fail courses will not transfer for credit, this includes Capstone, Thesis and Dissertation credits. Only credits for grades of "B" or better will transfer to Radford University.

APPROVALS:

	Date	Course 1	Course 2	Course 3
Advisor:	_____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Dept. Chair/Program Coordinator	_____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Dean, Graduate College	_____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove