

RADFORD UNIVERSITY

College of Graduate
Studies and Research

PERMISSION TO REGISTER FOR GRADUATE COURSES AS AN UNDERGRADUATE COLLEGE/UNIVERSITY SENIOR

Telephone: 540-831-6344 | Fax: 540-831-6061

This form is designed for students who are currently seniors enrolled at another university or college and want to enroll in graduate courses (**courses listed in the graduate catalog/numbered 500 and higher**) without being admitted as a degree candidate. Students may register for a maximum of **9** semester hours as an undergraduate non-degree seeking college/ university senior taking graduate courses.

Permission to enroll in graduate courses must be approved by the instructor, program coordinator, and the Graduate College. Admission is not guaranteed at the graduate level.

Complete this form and submit to: College of Graduate Studies and Research, Radford University, Student Support Services, P.O. Box 6928, Radford, VA 24142

GENERAL INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____ Preferred Name: _____

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Telephone: _____ Date of Birth _____
(mm/dd/yy)

Email Address: _____

CLASSIFICATION:

Special Non-Degree Seeking Undergraduate College/University Senior taking classes while enrolled at another institution.

- **Must submit at least unofficial transcripts from all universities/colleges attended. Your most recent transcript must show a 3.0 or higher GPA on a 4.0 scale.**
- **Transcripts must reflect that you have completed or will complete a total of 86 credit hours towards your bachelor's degree before the term in which you wish to enroll.**

ENROLLMENT INFORMATION:

Current Undergraduate Program: _____ Total Number of Undergraduate Hours Taken: _____

Number of credit hours at current institution (including those in which you are currently enrolled in): _____

Anticipated date bachelor's degree will be completed: _____

Graduate Course(s) in which you wish to enroll or program area of interest: _____

Year and Semester in which you wish to enroll in course(s): Year: _____
Fall Wintermester Spring Maymester Summer I Summer II Summer III Augustmester

Please list all universities/colleges in which you have attended, dates of attendance and any degrees earned:

BIOGRAPHICAL INFORMATION:

*TO MEET REQUIREMENTS OF FEDERAL REGULATIONS, THIS INFORMATION IS REQUESTED FOR RECORD KEEPING PURPOSES ONLY. THIS INFORMATION WILL IN NO WAY IMPACT DECISIONS

Race/Ethnic Background:

- Hispanic of any race
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White, Caucasian
- Two or more races
- Refuse to Disclose

Gender:

- Male
- Female

Marital

Status:

- Single
- Married
- Separated
- Widowed
- Divorced

Citizenship:

- U.S. Citizenship
- Permanent Resident Alien
Alien Registration # _____

(Attach a copy of Green Card)

- Non-Resident Alien
Immigration Type: _____

HONOR CODE:

Have you ever been convicted of, or are currently being charged with, a criminal offense other than minor traffic violations? Yes No

*** If yes, please explain on a separate sheet.**

Have you ever been placed on disciplinary probation, declared ineligible to register for any period of time, or suspended from any college or university? Yes No

*** If yes, please give name of institution, date of action, and fully explain on a separate sheet.**

By my signature, I certify all information supplied on this form is correct and I understand that falsification of information may result in termination of my course registration.

SIGNATURE: _____ DATE: _____

IMPORTANT: To be considered for in-state tuition, you must submit the attached Application for Virginia In-State Tuition Rates.

APPLICATION FOR VIRGINIA IN-STATE TUITION RATES

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Failure to complete and return this form to the university will result in an out-of-state classification for tuition purposes. Please contact the Registrar's Office if you have any questions.

SECTION A: TO BE COMPLETED BY STUDENT

1. Name: _____ SSN _____ - _____ - _____
(Print full name) Last First Middle

2. How long have you lived in Virginia? _____

3. Citizenship: U.S. Non-U.S. Permanent Resident (Please attach a copy of your green card)
Date of VISA issue: ___/___/___ Date of VISA: ___/___/___ VISA type _____

4. Where have you lived for the past two years? (List current address first)

From (mo/yr) To (mo/yr)	Street Address	City	State

5. a. Do your parents or legal guardian provide over half your financial support or claim you as a tax dependent?

No Yes **If yes, Section B must be completed by your parent or legal guardian.**

b. If you are married, do you want to claim eligibility for in-state tuition on your spouse's domicile?

No Yes **If yes, Section B must be completed by your spouse.**

6. **If you are under the age of 24, Section B must be completed** by your parent or legal guardian (court appointed). Place a check mark beside any that apply to you:

- Veteran or active duty member of the US Armed Forces
- Graduate/first professional student
- Married
- Have legal dependents other than spouse
- Both parents deceased, no adoptive or legal guardian
- Ward of the court until age 18 (**Court documentation required**)

7. Will you have filed a tax return or paid income taxes to any state other than Virginia? No Yes

8. For the entire twelve months prior to the term in which you enroll, will you have:

- a. filed a tax return or paid income taxes to Virginia on all earned income? No Yes
- b. been a registered voter in Virginia? No Yes
- c. held a valid Virginia driver's license? No Yes If yes, date issued: ___/___/___
- d. owned or operated a motor vehicle registered in Virginia? No Yes

9. Are you or any member of your family presently on active duty? If No, go to question 10. No Yes

a. Will Virginia income taxes have been paid on all military income for the twelve months prior to the term you will enroll?
 No Yes

b. Is Virginia listed on your leave and earnings statement (LES)? No Yes *** Please attach a copy of your current LES.**

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10. Will you have lived outside Virginia, worked in Virginia, earned at least the equivalent of a full time wage salary, and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least twelve months prior to the term in which you will enroll?

No Yes **If yes, please attach a copy of your current Virginia income tax forms.**

SECTION B: PARENT, LEGAL GUARDIAN, OR SPOUSE

1. Name of parent, legal guardian, or spouse (Print Name) _____

2. Relationship to applicant Parent Court appointed legal guardian Spouse
(Court documents required)

3. Where have you lived for the past two years? (list current address first)

From (mo/yr) To (mo/yr)	Street Address	City	State

4. For the entire twelve months prior to the requested enrollment term, will you have:

- a. been employed in Virginia? No Yes
- b. filed a tax return or paid income taxes to Virginia on all earned income? No Yes
- c. been a registered voter in Virginia? No Yes
- d. held a valid Virginia driver's license? No Yes **If yes, date issued:** ____/____/____
- e. owned or operated a motor vehicle registered in Virginia? No Yes

5. Are you presently in the military? No Yes

- a. Have income taxes been paid to Virginia on all military income for the past twelve months prior to the term in which the student will enroll?
 No Yes
- b. Is Virginia listed on your leave and earnings statement (LES)?
 No Yes *** Please attach a copy of your current LES.**
- c. Are you assigned to a permanent duty station within Virginia, the District of Columbia, or a state contiguous to Virginia, AND reside in Virginia?
 No Yes *** Please attach a copy of your military orders.**

6. Answer this question **only** if you live outside Virginia but work in Virginia.

Will you have lived outside Virginia, worked in Virginia, earned at least the equivalent of a full time wage salary, and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least twelve months prior to the term in which the student will enroll?

No Yes **If yes, please attach a copy of your current Virginia income tax forms.**

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally-binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to my application if I am requested to do so.

Signature of Applicant _____ Date

Signature of Parent/Legal Guardian or Spouse
(if required to furnish parental or spouse information) _____ Date