

CONTINUOUS ENROLLMENT FORM GRAD 799

NAME _____ STUDENT ID _____

ADDRESS: _____

RADFORD EMAIL ADDRESS: _____

TELEPHONE NO: _____

MAJOR: Choose an item. _____

Reason for enrollment into GRAD 799: (Please check all that applies)

Have an "I" or "IP" Grade

Please list the course(s) and the original term of registration _____

Expected Semester of Completion of "I" or "IP" Grade _____

Must complete final Comprehensive Exam

Expected semester of Completion of Comp Exam _____

Must complete final Dissertation Defense

Expected semester of Completion of Dissertation Defense _____

Must complete final Thesis Defense

Expected semester of Completion of Thesis Defense _____

Must complete final Recital

Expected semester of Completion of Recital _____

Must complete Thesis or Dissertation and submit to the library

Expected semester of Completion of submission of final Thesis or Dissertation _____

Other Requirements (Please list) _____

Expected semester of Other Requirements _____

EXPECTED SEMESTER OF COMPLETION OF DEGREE _____

SEMESTER FOR ENROLLMENT (CIRCLE: GRAD 799 OR GRAD 799 -COVID 19): _____

Justification for Grad 799-COVID-19 _____

APPROVALS:

Department Chair Date

Dean, College of Graduate Studies and Research 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.