

PERMISSION FOR SENIORS TO ENROLL IN GRADUATE COURSES

Name:		RU Student ID#:	RU Email:	
Address:				
Number of un	dergraduate	ate hours earned: hours at Radford: transfer hours:		
Including this se bachelor's degre	ee:	many credit hours do you have re		olete your
Anticipated date		legree will be complete:		
You may take u	up to, but no	u must be a Senior, be in your la o more than, nine hours of gradu course being requested.		
Graduate course	e in which yo	u wish to enroll:		
Course Reference	ce Number: _	Day & Time of Cours	e:	
Term:		Course credit hours:		
Do you wish this	s course to co	ount toward your undergraduate d	egree?	
O _{Approve}	Disapprove	Instructor Signature		
\sim				Date
OApprove (Disapprove	Program Coordinator/Chair Signature	Printed Name	Date
O _{Approve} (Disapprove	Graduate Dean Signature	Printed Name	Date
cc: Registrar				
(Rev. 08/20)				