

College of Graduate Studies and Research

Buchanan House; P O Box 6928 Radford, VA 24142 Phone 540-831-5431 Fax 540-831-6061

PERMISSION FOR SENIORS TO ENROLL IN GRADUATE COURSES

Name:		RU Student ID#:	RU Email:	
Address:				
Number of u	ındergraduate	ate hours earned: hours at Radford: transfer hours:		
Including this s bachelor's deg		many credit hours do you have re	maining before you cor	nplete your
Anticipated da	te bachelor's c	legree will be complete:		
You may take	up to, but no	u must be a Senior, be in your la o more than, hours of gradu course being requested.	-	_
Graduate cour	se in which yo	u wish to enroll:		
Course Refere	nce Number: _	Day & Time of Cours	e:	
Term:		Course credit hours:		
Do you wish th	is course to co	ount toward your undergraduate d	egree?	
Approve	Disapprove	Instructor Signature	Printed Name	Date
Approve	Disapprove	Program Coordinator/Chair Signature	Printed Name	Date
Approve	Disapprove	Graduate Dean Signature	Printed Name	Date

cc: Registrar (Rev. 07/19)