

**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: Use arrow to choose degree

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) _____	_____	_____	_____	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
2) _____	_____	_____	_____	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
3) _____	_____	_____	_____	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove

Is this an elective course? 1) Select Yes or No 2) Select Yes or NO 3) Select Yes or No

Will this substitute for a required course in your program of study? 1) Select Yes or No 2) Select Yes or No 3) Select Yes or No

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:**

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