

(rev. 6/09)

**RADFORD UNIVERSITY**  
**COLLEGE OF GRADUATE AND PROFESSIONAL STUDIES**  
**Permission to Transfer Courses to Radford University**  
**Prior to Enrolling in Courses**

**Name** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

**Student ID** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Email** \_\_\_\_\_

**Telephone:** Home \_\_\_\_\_ Daytime \_\_\_\_\_

**Major Field of Study at RU** \_\_\_\_\_ **Expected Degree** \_\_\_\_\_

**Institution at which you plan to take graduate course(s) to transfer to RU** \_\_\_\_\_

\_\_\_\_\_ **Address of Institution** \_\_\_\_\_

Course Prefix	Title	Hrs. Credit	Sem. & Yr. To be taken
_____	_____	_____	_____
_____	_____	_____	_____

Is this an elective course? \_\_\_\_\_

Do you plan to substitute this for a required course in your program of study? \_\_\_\_\_

If so, which RU course will it replace? \_\_\_\_\_

Reason for transferring course \_\_\_\_\_

**APPROVALS:**

\_\_\_\_\_ is a graduate student in good standing at Radford University  
(Name of Student)  
and has our permission to enroll as a transfer student at \_\_\_\_\_.  
(Name of Institution)

\_\_\_\_\_  
**Advisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dept. Chair or Program Coordinator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean, Graduate College**

\_\_\_\_\_  
**Date**

College of Graduate and Professional Studies  
P. O. Box 6928, Radford University  
Radford, VA 24142  
(540) 831-5724