

**CONTINUOUS ENROLLMENT FORM
GRAD 799**

NAME _____ **STUDENT ID** _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NO.: Daytime: _____ Evening: _____

MAJOR: _____

COURSE(S) IN WHICH YOU HAVE AN I or IP GRADE (include original term of registration):

**COMP/THESIS EXAM
NOT COMPLETE:** _____

OTHER REQUIREMENTS: _____

EXPECTED SEMESTER OF COMPLETION OF I or IP COURSE: _____

EXPECTED SEMESTER OF COMPLETION OF OTHER REQUIREMENTS: _____

EXPECTED SEMESTER OF COMPLETION OF DEGREE: _____

SEMESTER FOR ENROLLMENT (GRAD 799): _____

APPROVALS:

Instructor/Thesis Advisor

Date

Dean, College of Graduate and Professional Studies **Date**

Submit form to Graduate College (2 weeks before the semester begins). Graduate College sends form to Registrar. Registrar's Office enrolls student in Grad 799. See student accounts website for the tuition/fees for (1) credit at http://stuacct.asp.radford.edu/acad_fees/costs.aspx.