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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:

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
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Is this an elective course? 1) _____ 2) _____ 3) _____
 Will this substitute for a required course in your program of study? 1) _____ 2) _____ 3) _____
 If so, which Radford University course will it replace? 1) _____ 2) _____ 3) _____
 Reason for transferring course _____

7 K L V I R U P X V W E B \ D S S U R S Y H L V R U D Q G ' H S W & K D L U S B U R E U E P L W W A U B L I Q D M R U
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 Z L W D I S U R Y D O O V I L Q D I O F W D O Q V F K R Z I W K D W H T X L U H P H Q W V P K D W H 7 B B Q I H U F U H G L W V I R U :
 F R X U V H V Z L O O Q R W W U D Q Q F O U G R I V & D I S G W R C Q W K L W H H L W B O L W R Q 2 Q O \ F U H G L W V I R U J
 R U E H W W H U D Q W G D G I R U G L Y H U V L W \.

APPROVALS:	Course 1	Course 2	Course 3
_____ Advisor: Date	Approve Disapprove	Approve Disapprove	Approve Disapprove
_____ Dept. Chair/Program Coordinator Date	Approve Disapprove	Approve Disapprove	Approve Disapprove
_____ \$ V L L V W D Q W 3 U R Y R V W Date	Approve Disapprove	Approve Disapprove	Approve Disapprove