

**CONTINUOUS ENROLLMENT FORM GRAD 799**

NAME \_\_\_\_\_ STUDENT ID \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

RADFORD EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

MAJOR: Use arrow to choose degree \_\_\_\_\_

**Reason for enrollment into GRAD 799: (Please check all that applies)**

Have an "I" or "IP" Grade  
Please list the course(s) and the original term of registration \_\_\_\_\_  
Expected Semester of Completion of "I" or "IP" Grade \_\_\_\_\_

Must complete final Comprehensive Exam  
Expected semester of Completion of Comp Exam \_\_\_\_\_

Must complete final Dissertation Defense  
Expected semester of Completion of Dissertation Defense \_\_\_\_\_

Must complete final Thesis Defense  
Expected semester of Completion of Thesis Defense \_\_\_\_\_

Must complete final Recital  
Expected semester of Completion of Recital \_\_\_\_\_

Must complete Thesis or Dissertation and submit to the library  
Expected semester of Completion of submission of final Thesis or Dissertation \_\_\_\_\_

Other Requirements (Please list) \_\_\_\_\_  
Expected semester of Other Requirements \_\_\_\_\_

EXPECTED SEMESTER OF COMPLETION OF DEGREE \_\_\_\_\_

SEMESTER FOR ENROLLMENT (GRAD 799):

**APPROVALS:**

\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Assistant Provost Date