Part I
Course Revalidation Request

Please read the following carefully before completing this form:

Only students on catalogs 2017 or older may revalidate. Courses that exceed time limits must be revalidated or retaken, whichever the graduate program decides necessary, if they are to count in a degree program.

Note: You may not revalidate courses with a grade of C or lower, courses that are internships or other forms of practica, or courses taken at other institutions. No more than 25% of a student’s credits may be revalidated.

Use a single form for each course requiring revalidation.

Student’s Full Name: ___________________________________________ 80#: __________________________

Degree/Program ___________________________________________ Term of Graduation: __________

Course to be revalidated: ___________________________ Term/Year Taken: __________

Revalidation Plan: The proposed plan must provide an objective basis to show that the student’s knowledge in the course is current. Attach additional pages if necessary and include Plan of Study showing expected graduation date.

Recommended by:

Course instructor: ___________________________ Date: __________________________

Graduate Program Director: ___________________________ Date: __________________________

Disposition of the Graduate School

_____ Approved  _____ Not Approved  _____ Approved as Modified

_______________________________________________________________

Signature and Title, Graduate School ___________________________ Date: ______________
Part II

Revalidation Plan Results

To be submitted after completion of revalidation.

Student’s Full Name: ________________________________________ 80#:________________________

1. Did the student complete the course revalidation plan successfully? _____ Yes _____ No

2. How was this conclusion reached? That is, if the student took an exam or wrote a paper in the course of the revalidation plan, what were the results?

Recommended by:

Course instructor: _______________________________ Date: ___________________

Graduate Program Director: ___________________________ Date: __________________

Disposition by the Graduate School

_____ Accepted _____ Not Accepted

Note: If approved, successful revalidation of this course is contingent upon your graduating by the term indicated below. Should you not graduate by this date, you will not be allowed to apply any other course older than six years for graduation in a master’s program or eight years for a doctoral program.

Date of Graduation: _________________________________

Signature and Title, Graduate School_________________________ Date: ______________