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: ________________