

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: _____