



APPLICATION FOR REVALIDATION OF GRADUATE COURSES

Graduate courses more than seven years old at the time of your graduation are considered obsolete and may not be counted to fulfill course requirements for an advanced degree program. However, up to nine (9) semester hours of overage courses may be revalidated and counted towards an advanced degree on the recommendation of your committee chair or advisor and with the consent of the dean of the Graduate School.

Revalidation of overage graduate courses can be approved only if you can demonstrate that your knowledge of the subject matter of the course is current. For each course in which you wish revalidation, you must contact the current instructor of the course to determine requirements to support your currency in the course material. **The prior approval of the head of the Graduate School must be obtained for the proposed revalidation procedure.**

Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Advisor/Committee Chair: \_\_\_\_\_

**Courses to be revalidated**

| Course prefix and number: | Course title and credits: | Original date of completion: | Institution: |
|---------------------------|---------------------------|------------------------------|--------------|
|                           |                           |                              |              |
|                           |                           |                              |              |
|                           |                           |                              |              |

Semester revalidation to be commenced: \_\_\_\_\_

**Instructor supervising the revalidation**

|                       |             |
|-----------------------|-------------|
| Course prefix/number: | Instructor: |
|                       |             |
|                       |             |
|                       |             |

**Plan for revalidation**

**Please attach a detailed plan of study including coursework, readings, and tests the student will complete for each course being revalidated.**

**Required signatures**

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Student signature *(type full name)* Date

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Advisor/Committee Chair *(type full name)* Date

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Course/prefix number Instructor *(type full name)* Date

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Course/prefix number Instructor *(type full name)* Date

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Course/prefix number Instructor *(type full name)* Date

**Graduate school approval**

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Head of Graduate School *(type full name)* Date

**INSTRUCTORS: Please notify the graduate school when revalidation is completed.**

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*For Graduate School use only*

**Course prefix/number** **Date revalidation completed**

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