

COURSE REVALIDATION

Student Information

Name _____ ID Number _____
Email _____
Program _____ Date _____

Semester/Year	Course Number & Title	Credit Hours	Grade
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Plan for Revalidation

Describe below or in an attachment the plan or procedure to establish current knowledge of this course material.

Student's signature: _____ Date: _____

Completion of Revalidation

The student has successfully completed all the requirements set out in the above/attached plan.

Chair of Department or Departmental Graduate Advisor signature: _____ Date: _____

**Coursework over five years old for MA/MS, seven years for PhD, must be revalidated. (For more details see the current Graduate Bulletin).*

The following methods of revalidation are acceptable:

- passing an **examination specifically covering the course material**
- passing a **qualifying examination** which includes the course content
- passing a **more advanced course** in the same area
- teaching** a comparable course
- scholarly publication** which demonstrates knowledge of course content

Professional experience may also be used to revalidate courses. It is the student's responsibility to "make the case" that particular job duties have required the application of material studied in a particular course. It must be demonstrated that the course content is specifically applied "on the job."