

## **Course Revalidation**

With the approval of the department head and dean, a required course may be substituted with a course that has exceeded the number of years that it may be considered as fulfilling requirements for a degree, diploma, or certificate. Upon revalidation, this form may be submitted to satisfy graduation requirements. All course revalidations must be submitted no later than the end of the 2nd week of classes for the anticipated graduation term.

| Last Name   |                                   |       |      |    | First Name |    |    |       |  | Middle Name |   |  |
|---|-----------------------------------|-------|------|----|------------|----|----|-------|--|-------------|---|--|
| Student ID: T   |                                   |       |      |    |            |    |    |       |  |             | ] |  |
| Degre   | e                                 |       |      |    |            |    | 1  | Major |  |             |   |  |
| Year  | Year Semester (Check One)         |       |      |    |            |    |    |       |  |             |   |  |
| 2   | 0                                 |       |      |    | FA         | SP | SU |       |  |             |   |  |
| Catalo  | Catalog Year Semester (Check One) |       |      |    |            |    |    |       |  |             |   |  |
| 2   | 0                                 |       |      |    | FA         | SP | SU |       |  |             |   |  |
| Cours   | se Pre                            | fix/N | umbe | r: |            |    |    |       |  |             |   |  |
| Department Head's Signature Date                      |                                   |       |      |    |            |    |    |       |  |             |   |  |
| Academic Dean's Signature Date                        |                                   |       |      |    |            |    |    | Date  |  |             |   |  |
| Additional validations can be added on the back.      |                                   |       |      |    |            |    |    |       |  |             |   |  |
| 01/17 Student Data Center/Registrar's Office Use Only |                                   |       |      |    |            |    |    |       |  |             |   |  |
| Date  | Date Keyed: Initials:             |       |      |    |            |    |    |       |  |             |   |  |



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| Last Name   | First Name           | Middle Name |  |  |  |  |  |
|---|----------------------|-------------|--|--|--|--|--|
| Student ID: T   |                      |             |  |  |  |  |  |
| Degree  | Major                |             |  |  |  |  |  |
| Year  | Semester (Check One) |             |  |  |  |  |  |
| 2 0   | FA SP SU             |             |  |  |  |  |  |
| Catalog Year  | Semester (Check One) |             |  |  |  |  |  |
| 2 0   | FA SP SU             |             |  |  |  |  |  |
| Course Prefix/Number                                  |                      |             |  |  |  |  |  |
| Department Head's Signature Date                      |                      |             |  |  |  |  |  |
| Academic Dean's Signature Date                        |                      |             |  |  |  |  |  |
| Additional validations can be added on the back.      |                      |             |  |  |  |  |  |
| 01/17 Student Data Center/Registrar's Office Use Only |                      |             |  |  |  |  |  |
| Date Keyed: Initials:                                 |                      |             |  |  |  |  |  |



## **Course Revalidation**

Detail additional validations here.

Course Prefix/Number:

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|                                     |   |  |  |  | <b>Course Revalidation</b> |  |  |  |
|-------------------------------------|---|--|--|--|----------------------------|--|--|--|
|                                     |   |  |  |  |                            |  |  |  |
| Detail additional validations here. |   |  |  |  |                            |  |  |  |
| Course Prefix/Number:               |   |  |  |  |                            |  |  |  |
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| 1                                   | L |  |  |  |                            |  |  |  |