Graduate courses more than seven years old at the time of a student’s 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 may be counted towards an advanced degree on the recommendation of the student’s 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 the student can demonstrate that his/her knowledge of the subject matter of the course is current. For each course in which the student wishes revalidation, the student must contact the current instructor of the course to determine requirements to support the student’s currency in the course material. The prior approval of the dean of the Graduate School must be obtained for the proposed revalidation procedure.

Date: ________________________________ Degree: _____________________________________
Student: ____________________________________________ EMPLID _______________________
Advisor/Committee Chair: ____________________________________________________________

Courses to be revalidated

<table>
<thead>
<tr>
<th>Course Prefix and Number</th>
<th>Course Title and credits</th>
<th>Original date Of Completion</th>
<th>Institution</th>
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Semester revalidation to be commenced ____________________________________________

Instructor supervising the revalidation

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<th>Course Prefix/Number</th>
<th>Instructor</th>
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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

Student Signature  Date

Advisor/Committee Chair  Date

Course Prefix/Number  Instructor  Date

Course Prefix/Number  Instructor  Date

Course Prefix/Number  Instructor  Date

Graduate School Approval:

Graduate School Dean  Date

INSTRUCTORS: Please notify the Graduate School when revalidation is completed.

For Graduate School Use Only

Course Prefix/Number  Date Revalidation Completed

________________________  ______________________

________________________  ______________________

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