**Course Revalidation**

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| **Student Information** |
| Name |  |  | ID Number | **000** |
| Email |  |  |  |  |
| Program |   |  | Date |  |
|  |
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|  |
| **Semester/Year** | **Course Number & Title** | **Credit Hours** | **Grade** |
|  |  |  |  |
|  |  |  |  |

**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:

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*\*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:

1. passing an **examination specifically covering the course material**
2. passing a **qualifying examination** which includes the course content
3. passing a **more advanced course** in the same area
4. **teaching** a comparable course
5. **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."