

COURSE REVALIDATION FORM

(M.S. Ed, Ed.S and Ed.D Only – Ph.D. paper forms no longer accepted)

Student Information

Name: _____ ID# _____

Major(s): _____ Department: _____

Minor(s): _____ Degree: M.S. Ed. Ed.S. Ed.D.
(Circle one)

Course Requiring Revalidation

Semester/Year	Course Number & Title	Credit Hours	Grade
_____	_____	_____	_____

Approved Methods for Course Revalidation:

Select one method to revalidate the course above:

- Passing an examination specifically covering the course material (Include examination method, date, and grade.)
- Passing a qualifying examination which includes the course content (2 course limit) (Include qual date.)
- Passing a more advanced course in the same area (Include date of course and grade received.)
- Teaching a comparable course- Attached CV required.
- Scholarly publication which demonstrates knowledge of course content - Attached CV required.
- Professional Experience in which course content was required, applied or demonstrated - Attached CV required.

Rationale of Revalidation:

Describe how your chosen method demonstrates current knowledge of the course material.

Student's Signature

Date

Completion of Revalidation:

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

	Typed Name	Signature	Date
Committee Chair / Advisor (M.S.)	_____	_____	_____
Co-Chair (if applicable)	_____	_____	_____
Minor Member (if applicable)	_____	_____	_____

*Include the minor advisor only if the courses needing revalidation are being used in the minor.
It is the responsibility of the Committee chair / Advisor to consult with other faculty as needed to verify that the revalidation plan is applicable for courses that do not fall under their expertise. Graduate Studies does not need verification of outside consultation.*

For Graduate Studies office use only:

Associate Dean for Graduate Studies _____