

Revalidation Verification of Graduate Course(s)

This PDF form is fillable. Completed form should be submitted to your degree auditor via email.

This form is to be completed by the Revalidation Professor (**each Revalidation Professor should submit a separate form**).

Date: _____

Student ID: _____

Student Name: _____

Program/Plan: _____

The student successfully revalidated the following courses:

<u>Course Prefix & Number</u>	<u>Semester Taken</u>	<u>Revalidation Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name

Signature

Revalidation
Professor: _____

Revalidation
Professor: _____

Program Coordinator/
Director: _____

Program Coordinator/
Director: _____

Graduate School Use Only

Degree Auditor Processed: _____