

Revalidation Verification of Graduate Course(s)

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

Date: _____

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

Student Name (First, Middle, Last): _____ Student ID: _____

Degree: _____ Emphasis: _____

The student successfully revalidated the following courses:

<u>Course Prefix (BSC)</u>	<u>Course Number</u>	<u>Semester Taken</u>	<u>Revalidation Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name

Signature

Revalidation
Professor:

Revalidation
Professor:

Graduate Director/
Coordinator:

Graduate Director/
Coordinator:

Graduate School Use Only

Degree Auditor Processed: