



Course Revalidation Request and/or Completion Form

All master's degree requirements must be met within six years. When some but not all degree requirements were fulfilled more than six years earlier, a student may apply for revalidation. Revalidation of out-of-date requirements may be demonstrated through examinations or retaking of out-of-date courses for credit or audit or by presenting other evidence of currency in the field. Students should not begin the revalidation work until the revalidation plan has been approved by the Graduate School. Once task has been complete, return form with the completion of task section completed to the Graduate School for Final Approval. All forms to be turned in at WQ 203 or gradschool@bsu.edu.

**Note: Revalidated courses must be applied toward graduation within one semester unless otherwise noted by the Dean of the Graduate School.*

Student Information

Last Name

First Name

Student ID #

Degree/Concentration

E-Mail Address

Course Information

Department

Course #

Credit Hrs

Course Title

Grade

Semester

Year

Plan for Revalidation

Describe the plan or procedure to establish current knowledge of this course material. The plan should be detailed enough to discuss how currency in key topics will be demonstrated. Note that if an examination is given, the student must score a B or better for the course to be successfully revalidated. Attach additional pages if necessary.

Departmental Approvals

By checking the following box, your department approves this document. Department Chair Approval

Approver's Printed Name Date

If course is outside student's major area, please type the revalidation department name below.

Notes:

Graduate School Approvals

By checking the following box, the graduate school approves this document. Graduate School Approval

Approver's Name Date

Notes:

Completion of Task Approval

Instructions: Instructor is required to complete this section once the task is complete. Please resubmit form to Graduate School when task is complete for final approval.

Task Completed: YES NO Instructor Name: _____ Date: _____

Graduate School Final Approval

Associate Dean Signature: _____ Date: _____