

Graduate Degree Plan Revalidation Request

Student Infor	rmation:			
Legal Name:				
	Last	First	Middle	
Student ID#:		Email	:	
Degree:		Graduation Term	ו	
Degree Plan C	atalog Year:			

Courses to be Revalidated

Courses (Prefix, Number, Title)	Grade	Term

Approvals

Printed Name	Signature	Date
Faculty Advisor		
Program Director		
College Dean		
Graduate School Dean		

Justification

Please attach a detailed letter and revalidation plan to the back of this form.

Student Signature

Date

Justification: Provide any information (i.e. catalog description, transcript) that supports this request in the letter of explanation Revalidation: Students will not be permitted to submit more than 12 units of the program's courses for revalidation. Courses beyond the 12-unit limit will need to be retaken

For Graduate School Office Use Only:				
Verified: Graduate Services Specialist	Date			