

REVALIDATION OF UND GRADUATE COURSE

Name	_____	STUDENT ID	_____
Address	_____	Major & Degree:	_____
City, State, Zip	_____	Phone	_____
		Email	_____
		Term Graduating	_____

Graduate courses more than seven years old at the time of a student's graduation are considered obsolete and may not be counted to fulfill course requirement for an advanced degree program. However, overage UND courses may be revalidated and may be counted towards an advanced degree on the recommendation of the student's advisor and with the consent of the Dean of the School of Graduate Studies.

In no case will more than one-half a program of study be accepted for revalidation. Revalidation of an overage graduate course can be approved only if it can be demonstrated that a student's knowledge of the subject matter of the course is current. Oral and/or written examination on the subject matter of the course is required. **The prior approval of the Dean of the School of Graduate Studies must be obtained for the proposed revalidation procedure.**

Graduate work from another institution that is overage may not be revalidated for a UND graduate degree. Coursework that was part of a completed prerequisite graduate degree program does not become overage.

Course to be revalidated: _____ Semester taken: _____
 Semester revalidation to be commenced: _____
 Advisor: _____
 Instructor supervising the revalidation: _____

_____	_____	_____	_____
Advisor's signature	Date	Instructor's signature	Date

Submit to the School of Graduate Studies for approval.

Approval of the School of Graduate Studies Dean allows the students to proceed with the revalidation of the above listed course. A copy of this form will be mailed to the Advisor, Instructor and Student when approved.

	Approved	Not Approved	Date
School of Graduate Studies Dean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

REVALIDATION PLAN

(to be completed by the instructor of the course).

Please list in detail a plan of study including detailed coursework, readings and tests the student will complete. *Attach a separate sheet if necessary.*

NOTE TO INSTRUCTOR: WHEN STUDENT HAS COMPLETED COURSE REVALIDATION, PLEASE SIGN AND DATE THIS FORM AND RETURN IT TO THE SCHOOL OF GRADUATE STUDIES

Instructor's Signature: _____ Completed Date: _____

Copies: The School of Graduate Studies Student Instructor _____ Advisor _____