



ID # \_\_\_\_\_

Name \_\_\_\_\_ Former Name \_\_\_\_\_  
LAST FIRST MI

Local Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone (Day) \_\_\_\_\_ E-mail \_\_\_\_\_

Program \_\_\_\_\_ Degree \_\_\_\_\_

Course \_\_\_\_\_ Semester/Year \_\_\_\_\_

### DEPARTMENT APPROVAL OF REQUEST FOR VALIDATION

\_\_\_\_\_  
INSTRUCTOR'S SIGNATURE DATE DEAN/CHAIR SIGNATURE DATE

Disclaimer \_\_\_\_\_  
 \_\_\_\_\_

### METHOD FOR REVALIDATION

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
INSTRUCTOR'S SIGNATURE DATE STUDENT'S SIGNATURE DATE

### INSTRUCTOR'S ASSESSMENT

Previous Relevancy \_\_\_\_\_

Current Relevancy \_\_\_\_\_

Student Command of Content \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
INSTRUCTOR'S SIGNATURE DATE

### ACTION

\_\_\_\_\_  
PROGRAM DIRECTOR [SIGNATURE] DATE

Approve  Deny

\_\_\_\_\_  
DEAN [SIGNATURE] DATE

Approve  Deny

\_\_\_\_\_  
ACADEMIC AFFAIRS [SIGNATURE] DATE

Approve  Deny