

VALIDATION FORM

NAME _____ **STUDENT ID** _____

ADDRESS _____

_____ **EMAIL** _____

MAJOR _____ **ADVISOR** _____

DATE OF APPROVAL OF PROGRAM OF STUDY: _____

COURSES TO BE VALIDATED (Institution, Date, Term):

METHOD OF VALIDATION:

- A standardized testing process measuring continued competency and knowledge of the subject matter (please specify) _____
- Retook final examination in each of the courses to show continued competency and knowledge of the subject matter
- Oral examination by a committee of graduate faculty who judged student's knowledge of the subject matter
- Other means proposed by the department and approved by the Graduate Dean (attach written request)

DATE EXPECTED TO COMPLETE REQUIREMENTS FOR GRADUATION: _____

VALIDATION COMMITTEE:

Instructor

Date

Advisor

Date

Department Chair

Date

APPROVED: Yes No

Dean, College of Graduate and Professional Studies

Date