

## APPROVAL TO REVALIDATE COURSE FORM

After completion of an evaluation of mastery of courses, this form must be submitted by the department for approval of the Graduate School Dean. Please attach the Request to Revalidate Course Form, unofficial transcripts showing courses to be revalidated, and any other supporting documentation.

Student Name:		Student ID:		
Current Addre	ss:			
Email:		Phone:		
Degree/Program:				
Course Prefix	Course Number	PVAMU Course Title	Date Taken	Grade
Revalidation Approved:				
	**			
Advisor/Coordinator Name:		Signature & Date:		
Department Head:		Signature & Date:		
Academic Dean:		Signature & Date:		
Graduate School Dean:		Signature & Date:		

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