

## APPROVAL FOR COURSE REVALIDATION FOR DOCTORAL DEGREE 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	ess:			
Email:		Phone:		
Degree/Progra	am:			
Course	Course	PVAMU Course Title	Date Taken	Grade
Prefix	Number			
Revalidation A	Approved:			
Advisor/Coordinator Name:		Signature & Date:		
Department Head:		Signature & Date:		
Academic Dean:		Signature & Date:		
Graduate School Dean:		Signature & Date:		