**PRAIRIE VIEW A&M UNIVERSITY**

**Office of Research and Graduate Studies**

**P.O. BOX 519, MS 2800**

**PRAIRIE VIEW, TX 77446**

**REQUEST TO REVALIDATE COURSE(S)**

NAME OF STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named student is eligible to re-validate the following course(s) by examination.

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| **Course prefix** | **Course number** | **Title** | **Date course was taken** |
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**APPROVAL OF REQUEST TO REVALIDATE**:

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Advisor Date Department Chairperson Date

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Dean of the College Date Dean of Graduate School Date