

## Course Revalidation Form

For all graduate degree programs, coursework over seven years old must be revalidated. For Certificate, M.S. Ed., and Ed.S programs, the seven years are counted back from the degree conferral date. For Ed.D. degrees, the seven years are counted back from the date of the qualifying exam.

The Committee Chair / Advisor's responsibility is to consult with other faculty as needed to verify that the revalidation plan is applicable for courses that do not fall under their expertise. Graduate Studies does not require verification of outside consultation.

**This form is not to be used for Ph.D. degrees. The revalidation eDoc for PhD students is in One.IU.**

### Student Information

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Degree: \_\_\_\_\_ Department: \_\_\_\_\_  
 Major/ Program: \_\_\_\_\_ Minor: \_\_\_\_\_

### Course Requiring Revalidation

Semester / Year	Course Number and Title	Cr. Hours	Grade
_____	_____	_____	_____

### Approved Methods for Course Revalidation

Select one method to revalidate the course above. Methods of revalidation must be complete at the time of submitting this form.

- Passing an examination covering the specific course material.  
(Include in the rationale: if the exam was oral or written, the date given, and the grade earned.)
- Passing a qualifying examination which includes the course content.  
(2-course limit. Include Qual pass date in the rationale.)
- Passing a more advanced course in the same area.  
(Include title and course number of the more advanced course, semester and year taken, and grade earned in the rationale.)
- Teaching a comparable course.  
(Attached CV required. Indicate in justification which teaching experience is being used.)
- Scholarly publication which demonstrates knowledge of course content.  
(Attached CV required. Must be the first author.)
- Professional experience in which course content was required, applied or demonstrated.  
(Attached CV required. Indicate in justification which experience is being used.)

### Rationale of Revalidation

Describe how your chosen method demonstrates current knowledge of the course material.

### Approval

The student has completed all requirements set out in the above/attached plan.

Signature – Advisory Committee Chair / Advisor \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature – Advisory Committee Co-Chair \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
*(If applicable)*

Signature – Minor Member \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
*(If applicable. Include the minor Advisor only if the courses needing revalidation are being used in the minor.)*