UNIVERSITY OF SOUTHERN INDIANA
COURSE VALIDATION PETITION
(NOTE: ONE COURSE PER PETITION)

PART I: REQUEST FOR COURSE VALIDATION (To be completed by student)

Name_____ Social Security No._____

Graduate Program_____ Semester/Year Course Taken_____

Discipline _____Course_____ No. Credit Hours_____

Course Title_____

PART II: VALIDATION MECHANISM (To be completed by instructor and submitted to program director for filing)

Responsible Faculty Member_____

School_____

Mechanism to Validate_____

_____

_____

_____

This student will perform the above work to validate this course by this date: _____
Month/Year

_____ _____ _____ _____
Signature of Student Date Signature of Instructor Date

Part III: VALIDATION CERTIFICATION (To be completed by instructor)

I certify that_____ successfully completed all work
Student Name

to validate his/her knowledge of_____
Course Discipline/Number and Title

on _____. This satisfies the requirements for the course for the graduate program
Month/Day/Year

_____ .

Instructor's Signature_____ Date_____

Original: Registrar Copies: Graduate Studies Program Director Student

04/01