

**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 \_\_\_\_\_

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**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

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**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

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Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_