

COURSE REVALIDATION FORM

First name: NA	AME HERE	Last name: N	AME HERE	BGSU ID: ID HERE
Field of Study: _	FIELD OF ST	UDY	Planned Graduation D	ate: <u>GRADUATION DATE</u>
Course Subject a	and Catalog Num	ber (ex: BIOL 5000): _	SUBJECT / NUMBER	Course Term/Year: TERM / YEA
	A fee of \$25 r		ubmitting the application. To ce.cashnet.com/BGSUGRAD	pay, use CashNet:
		DENT LISTS TRAN Transaction #	ISACION NUMBER <u>AF</u>	<u>CER PAYI</u> NG Date
Revalidation Pro	ocess:			
Manner in whic	h the course was	revalidated: FILLE	D IN BY PROGRAM CO	ORDINATOR
Results of Reva	lidation: PAS	S / FAIL FILLED I	N BY PROGRAM COOR	DINATOR
If		s not successful, the f	ved by vote of the revalidatio orm should be voided and an egeforms@bgsu.edu.	
Graduate Coord	dinator Approval	SIGNATURE		
		-	dicates that this revalidation nental policies and procedure	has been approved by vote of the s have been followed.
Line College Ap	proval: SIGN	ATURE		
The approval of followed.	the Dean or Dea	n Designate indicates	that appropriate Line Colleg	e policies and procedures have been
Graduate Colleg	ge Approval:	GNATURE		
The approval of	the Graduate Co	lege indicates that th	e revalidation is approved fo	r entry on the student's record.