

Graduate Degree Plan Revalidation Request

Select a Program: _____

Student's Name: _____ A#: _____

Degree Plan Catalog Year: _____ Graduation Term: _____

Revalidated Course <small>(Prefix, Number, Title)</small>	Grade	Term

Justification: A detailed letter and revalidation plan must be included with this form.

Note: 12 semester hour limit on Revalidation Request. All courses must be TAMU-CC courses.

_____ Student Signature	_____ Academic Advisor Signature	
_____ Faculty Advisor Signature	_____ Type Name	_____ Department
_____ Program Coordinator Chair Signature	_____ Type Name	_____ Department
_____ Department Chair Signature	_____ Type Name	_____ Department
_____ College Dean Signature	_____ Type Name	
_____ Provost Signature	_____ Type Name	

Provide any information (e.g., catalog description, transcript) that supports this request in a letter of explanation.

A revised degree plan and revalidation plan **must** accompany this form.

***students admitted prior to 2004-2005 may revalidate up to 50% of TAMU-CC courses.**

Submit form and all required documents to the Academic Advisor who will then upload to [Grad Forms Submission](#) to be routed for signatures.

For Graduate Education Use Only:	
Entered in Banner _____	Entered on Spreadsheet _____