



COLLEGE OF GRADUATE STUDIES

Graduate Degree Plan Revalidation Request

Student's Name: \_\_\_\_\_ Student's ID: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Degree Plan Catalog Year: \_\_\_\_\_ Graduation Term: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Table with 3 columns: Revalidated Courses (Prefix, Number, Title), Grade, Term. Contains 4 empty rows for data entry.

Justification: Please attach a detailed letter and revalidation plan to the back of this form.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor [Signature] \_\_\_\_\_ Type Name \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator [Signature] \_\_\_\_\_ Type Name \_\_\_\_\_ Date \_\_\_\_\_

Department Chair [Signature] \_\_\_\_\_ Type Name \_\_\_\_\_ Date \_\_\_\_\_

College Dean [Signature] \_\_\_\_\_ Type Name \_\_\_\_\_ Date \_\_\_\_\_

Graduate Studies Dean [Signature] \_\_\_\_\_ Type Name \_\_\_\_\_ Date \_\_\_\_\_

Provost [Signature] \_\_\_\_\_ Type Name \_\_\_\_\_ Date \_\_\_\_\_

- Justification: Provide any info (i.e. catalog description, transcript) that supports this request in letter of explanation.
Revalidation: 12 semester hour limit on revalidation request. All courses must be A&M-Corpus Christi courses.
A revised degree plan and revalidation plan must accompany this form.
\*Students admitted prior to 2004-2005 may revalidate up to 50% of A&M-Corpus Christi courses.

Submit form and all required documents to the Academic Advisor who will then forward to the College of Graduate Studies (FC 178). Contact CGS with questions 361.825.2174 or gradcollege@tamucc.edu.

For CGS Use Only: [ ] Accept [ ] Deny
Graduate Dean \_\_\_\_\_ Date \_\_\_\_\_ Informed Academic Advisor \_\_\_\_\_ Date 11/2017
Scanned into Laserfiche \_\_\_\_\_ Date \_\_\_\_\_ Form J