

Revalidation of Graduate Course(s) - Form 1

The University of Southern Mississippi
Graduate School
118 College Drive #5024 Hattiesburg MS 39406

This PDF form is fillable. Handwritten copies will not be accepted. Submit completed form via email.

This form is to be completed by the department.

The student listed below is requesting permission to revalidate a graduate level course (or courses) which was completed outside the specified time limit (5 years for Masters, 6 years for Specialist, and 8 years for Doctoral).

Date: _____

Student Name (First, Middle, Last): _____ Student ID: _____

Degree: _____ Emphasis: _____

Course to Revalidate	Semester Enrolled	Instructor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professor to Revalidate Course #1 above: _____
Professor to Revalidate Course #2 above: _____
Professor to Revalidate Course #3 above: _____
Professor to Revalidate Course #4 above: _____

Upon obtaining signatures, the student will pay \$50.00 per course via the "Pay Graduate School Fees" link at www.usm.edu/graduate-school and return the paid receipt to the Graduate School. The administrating faculty member will notify the Graduate School on the outcome of the exam (**via the Revalidation Verification Form 2**), the Graduate School will process the course and grade accordingly.

Signature of Graduate Director/Coordinator: _____ Date: _____

Signature of Dean of Graduate School: _____ Date: _____