

**UCCS Graduate School
COURSE VALIDATION FORM**

Instructions:

Master's degree seeking students have a time limit of six years, from the date the course was taken, to complete all degree requirements, including filing the thesis if applicable to your program. Doctoral students have a time limit of ten years, from the date of the start of coursework, to complete all degree requirements, including filing the dissertation.

Coursework completed prior to the respective time limit (6 years for master's students, and 10 years for Doctoral students) will not be accepted for the degree unless validated by an assessment determined by the department. This process should be documented and consistent for all students. Course validations are valid with the Graduate School for six years from the date of the validating assessment for master's students and ten years from the date of the validating assessment for Doctoral students. Programs may have more strict policies where course validations are valid for shorter lengths of time.

The professor completing the assessment must be a member of the Graduate Faculty and have taught that particular course or similar ones. The validation form should be signed by the examining professor(s), the Advisor of the program, the Academic Program Director / Department Chair / College Dean (when necessary), and the Graduate School.

Examples of special assessments include **but are not limited to:**

1. The final exam used in an equivalent course (not the same final the student took in the original course).
2. Publishing a paper in the content area of the course.
3. A special written exam made up solely for the purpose of validating the course.
4. Teaching a course in the same content area.

Student Name: _____ Student ID#: _____

Program/Department: _____

This is to certify that an assessment was given on:

Date: _____ **Time:** _____

To validate: _____
(Course Number and Title)

Provide a brief description of the validating assessment:

Assessment Results: PASS: _____ FAIL: _____

Examining Professor(s): _____ Date: _____

_____ Date: _____

Graduate Advisor: _____ Date: _____

Academic Program/Department/College: _____ Date: _____

Graduate School: _____ Date: _____