

LSU | Graduate School

Master's Course Revalidation

*NOTE: Each course must be separately evaluated and reported on separate revalidation forms.
Email submission to gradsvcs@lsu.edu.*

Student Information:

LSU Student ID	Last Name	First Name	Middle Name
----------------	-----------	------------	-------------

Course Number	Course Title
---------------	--------------

Semester Originally Taken	Original Grade	Original Instructor
---------------------------	----------------	---------------------

Current Course Number	Current Course Title (if different from above)
-----------------------	--

Current Instructor (if different from above)	Date of Revalidation Examination
--	----------------------------------

Examination Format and Procedure:

Outcome of Examination:

Signatures of Advisory Committee:

Committee Chair: _____

Committee: _____

Committee: _____

Committee: _____

Student's Signature: _____

Department Chair/Graduate Advisor: _____ Date: _____

Dean of the Graduate School: _____