# G504

**Office of Academic Affairs**
**Graduate College**
Illinois Institute of Technology
110 Main Building
Chicago, IL 60616

## Revalidation Review Of An Outdated Course

All graduate courses completed six years prior to the intended graduaton date are subject to a course revalidation review and possible revalidation process, at the discretion of the academic unit that conducts the course. The student will receive an email of the final revalidation outcome.

Last Name _____ First Name _____ Student ID/CWID _____

Number and Street _____ City and State _____ Zip _____

**Revalidation of an outdated course is waived when the M.S. thesis or Ph.D. oral defense is approved. However, revalidation of an outdated course will be required when the course content is substantially changed.**

| Course Number | Term/Year Originally Completed | Content is: |
|---|---|---|
| | | ☐ **A.** Substantially unchanged, revalidation not required<br>☐ **B.** Substantially changed, revalidation required |

If the starting dates of all courses in a Program of Study (Form #401) are not within six years before the date of intended graduation then the student must do the following before completion of the program can be certified :

**A.** The student must first petition the academic unit for a revalidation review to determine if the course content is substantially changed. If not substantially changed, proceed with filing the form with Graduate Academic Affairs.

**B.** If substantially changed, revalidation is required, the student must pay a special fee and arrange with the examining department to complete the revalidation process in each outdated course. A copy of this form will be returned after approval, for exam scheduling

The fee, found at http://www.iit.edu/bursar/tuition_and_fees.shtml, is payable in advance at the Cashier in the Main Building. A copy of the receipt must be stapled to this form after the Associate Dean of Graduate Academic Affairs approves the petition and before the examining instructor gives the examination.

Signature approvals (must be in sequence shown below)

A. Student _____ Date _____

B. Adviser _____ Date _____

C.Department Chairman _____ Date _____

D. Chair of Examining Department (signature needed only if exam is required) _____ Date _____

E. Associate Dean of Graduate Academic Affairs (signature needed only if exam is required) _____ Date _____

**To be completed by the examining department and returned within 72 hours of the administration of the exam.**

**Examiner:**
I certify that on _____ the above named student fulfilled the revalidation requirement in the subject matter currently embodied in the course indicated above, with the resulting grade of _____ (P or F).

Examiner Signature _____ Examiner Printed Name _____ Date _____

**To be completed by Graduate Academic Affairs:**

☐ Revalidation approved

☐ Revalidation not required

Associate Dean of Graduate Academic Affairs _____ Date _____

Updated 3/14/2012