
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: _____