



COLLEGE OF GRADUATE STUDIES

Graduate Degree Plan Revalidation Request

Select a Program: _____

Student's Name: _____ Student's Email: _____

Degree Plan Catalog Year: _____ Graduation Term: _____

Table with 3 columns: Revalidated Course (Prefix, Number, Title), Grade, Term

Justification: A detailed letter and revalidation plan must be included with this form.

Note: 12 semester hour limit on Revalidation Request. All courses must be TAMU-CC courses.

Signature lines for Student, Academic Advisor, Faculty Advisor, Program Coordinator, Department Chair, College Dean, Graduate Studies Dean, and Provost.

Provide any information (e.g., catalog description, transcript) that supports this request in a letter of explanation.

A revised degree plan and revalidation plan must accompany this form.

*students admitted prior to 2004-2005 may revalidate up to 50% of TAMU-CC courses.

Submit form and all required documents to the Academic Advisor who will then upload to CGS website to be routed for signatures. Contact CGS with questions 361.825.2174.

For College of Graduate Studies Use Only: Entered in Banner _____ Entered on Spreadsheet _____