



Office of Graduate Studies
 212 Koch Hall
 Norfolk, VA 23529
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Re-validation of
 Out-of-Date Graduate Credit
 By Examination
 G3

Name: _____ UIN: _____

_____ completed _____
(Course, Number, and Title) *(Semester and Year)*

at _____
(Name of university if other than ODU)

Equivalent ODU Course _____
(If this course represents transfer credit)

This is to certify that _____ appeared before the faculty examiner
(Student's Name)

on _____ and was examined in and passed the course specified above.
(Date)

APPROVED:

Print Name	Signature	Date
_____ Faculty Examiner	_____	_____
_____ Graduate Program Director	_____	_____
_____ Department / School Chair / Dean	_____	_____

Copy: Registrar
 Graduate Program Director
 Student