OLD DOMINION UNIVERSITY

The Graduate School

Student's Name: _____ UIN#: _____

College: _____ Degree and Program: _____

Course Credit to be Re-Validated:

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

at _____.
(Name of University)

If this course represents transfer credit, equivalent ODU course: _____

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

on _____ and demonstrated adequate competency to pass the course specified above.
(Date)

APPROVED:

Print Name	Signature	Date

_____ _____ _____
Faculty Examiner

_____ _____ _____
Graduate Program Director

_____ _____ _____
Department/School Chair or Dean

*The Dean's approval is required for re-validation of courses completed ten years or more years prior to the re-validation request.

_____ _____ _____
Dean or Designee

Please send electronically to the Office of the University Registrar at etd@odu.edu.
Copies: Graduate Program Director
              VISA (intlstu@odu.edu) for F-1 and J-1 Visa Holders ONLY
              Student

General Graduate Form: G3
(Rev. 12/2020)