

**DEPARTMENT RECOMMENDATION TO ACCEPT COURSE WORK OLDER
THAN SIX YEARS FROM DATE OF GRADUATION**

Student:

Date:

Student Identification Number:

Expected Date of Graduation:

Course Information*

Course number, title and credits:

Semester/Year Taken:

Grade Student Received in Course:

☐ Yes ☐ No Has this course been modified or deleted from the curriculum?

Course Description (*not necessary if same as current catalog*):

*If available, attach a course syllabus.

Departmental Review

What assessment method(s) was used to determine if the student possesses current skills, knowledge and abilities in this course equivalent to what is expected from students completing the course within the 6 year limit? Check all that apply.

- ☐ Portfolio and/or professional resume documenting his or her current skills, knowledge and abilities in this course?
- ☐ Oral examination to determine the student's current skills, knowledge and abilities in this course?
- ☐ A written examination to determine the student's current skills, knowledge and abilities in this course?
- ☐ Review of professional development, continuing education and non-credit courses
- ☐ Other: (specify)

Department Recommendation

- ☐ Recommends the student can use this course to satisfy graduation requirements
- ☐ Do not recommend student can use this course to satisfy graduation requirements

Signature Department Chairperson

Signature Graduate Coordinator

Graduate School: 02082005