



# California State University, Los Angeles

## Request for Permission to Course Validation By Examination

### Course Validation by Examination

No subject, unit, or grade credit will be granted for any course completed more than seven years before the date of completion of the master's degree. In extraordinary circumstances, students may petition for, and the college may grant, *permission to validate such an expired course by an examination* given by, and with the concurrence of, the department/division/school that offers the course. An expired course taken at another institution may not be validated by examination.

### Validation by Examination Instructions

1. Consult with your advisor as to whether the advisor will recommend approval. This advisor will suggest a faculty member who regularly teaches the course in question.
2. Meet with the faculty member and ask them to sign the Course Validation form as agreeing to administer the examination and verify completion.
3. Give the form to your advisor for their approval. They will forward it to the Associate Dean. If approved, the Associate Dean will return the form to the student, and the student can request that the faculty member schedule the examination.
4. Following successful completion of the examination, the student will present the previously approved Course Validation form to the faculty member verifying successful completion of the examination. The faculty will return the form to the Associate Dean for processing.

Validation by examination is requested for the following course(s):

\_\_\_\_\_

Reason for request:

\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address (Street, City, Zip Code): \_\_\_\_\_

Campus Identification Number (CIN): \_\_\_\_\_

\_\_\_\_\_

I agree to administer the appropriate examination and verify successful completion of the requirement.

Faculty Name: \_\_\_\_\_ Faculty signature: \_\_\_\_\_

Signatures:	Approve	Deny	Date
Advisor: _____	_____	_____	_____
Department Chair (if required by department): _____	_____	_____	_____
Associate Dean: _____	_____	_____	_____

### Verification of Successful Completion

I verify that the student named above has successfully completed an examination to validate current knowledge in (course) \_\_\_\_\_.

Faculty Name: \_\_\_\_\_ Faculty signature: \_\_\_\_\_