colorado school of public health

UNIVERSITY OF COLORADO
COLORADO STATE UNIVERSITY
UNIVERSITY OF NORTHERN COLORADO

Course Validation Request Form

Coursework must be validated if it is <u>greater than</u> five years old at the time of program completion. This validation request is required **prior to** degree completion. Please complete the form below **and** attach a course description or syllabus. Course validation is determined by the Associate Dean for Academic Affairs. Students will be notified upon approval. (Please cut and paste more sections if needed.)

Please return form to: Office of Academic Affairs

Email: <u>CSPH.AcademicAffairs@cuanschutz.edu</u>

Name as shown or	1			
University records:				Student ID #:
	Last	First	Middle initial	
Degree Program:		# of courses re	equested below for	validation:
Term and Year co	urse taken:			
Instructor name:_				
Course description	n			

Please describe how you have retained and/or utilized the skills and knowledge acquired in the course. Include professional experience and any continued educational attainment that is related.

		Approval – for CSPH Use Only		
Approved _	Not Approved	Course Valid Until End of the Following Term,	'Year:	
Signature, Associate I	Dean for Academic Affairs		Date	
2. Course Title:	·			
		as taken:		
Term and Year	course taken:		_	
Instructor name	e:		_	
Course descrip	otion			
		retained and/or utilized the skills al experience and any continued		
		Approval – for CSPH Use Only		
Approved	Not Approved		/Year·	
Comments:	rtotrippioved	Godde valid ond End of the Lonowing Term,		
Comments.				
Signature, Associate Γ	Dean for Academic Affairs		Date	
3. Course Title:				
		as taken:		
Term and Year	course taken:			
			_	
Course descrip			•	

Please describe how you have retained and/or utilized the skills and knowledge acquired in
the course. Include professional experience and any continued educational attainment that is
related.

	Approval – for CSPH Use Only		
ApprovedNot Approved	Course Valid Until End of the Following Term/	Year:	
Comments:			
Signature, Associate Dean for Academic Affairs		Date	
4. Course Title:			
Academic Institution course was	s taken:		
Addacinio montanon dodroc was			
Term and Year course taken:			
Instructor name:			
metractor name.			
Course description			
Please describe how you have re			
the course. Include professional	experience and any continued	educational attainment that is	
related.			
	Approval – for CSPH Use Only		
ApprovedNot Approved	Course Valid Until End of the Following Term/	Vear	
	Course valid Onthe End of the Pollowing Telliff	real.	
Comments:			
Signature, Associate Dean for Academic Affairs		Date	