G-20

Lamar University, College of Graduate Studies
Request to Recertify Out-of-Date Course(s)

Section I: Student Information

Name: _____   Date: _____

Address: _____   LU I.D. _____

Section II: Course(s) to Recertify

Graduate Course(s): _____

Semester and year in which course(s) was taken: _____

Institute where course was taken: _____

Name or names of the professor(s) for the course(s): _____

Student's Signature:

Signed: _____   Date: _____

Section III: A memo from the supervising professor to the Department Chair, College Dean and Graduate Dean describing method of recertification must be attached.

Section IV: Approvals

Graduate Committee

_____ Approved: _____ Disapproved: _____

_____ Approved: _____ Disapproved: _____

_____ Approved: _____ Disapproved: _____

_____ Approved: _____ Disapproved: _____

_____ Approved: _____ Disapproved: _____

Comments: _____

Department Chair: _____ Date: _____

College Dean: _____ Date: _____

Graduate Dean:

Approved: _____   Disapproved: _____

Comments: _____

Signed: _____ Date: _____

Submit signed original to the Graduate Office (219 Wimberly). The Graduate Office will distribute copies to: Department Chair, and Student