

### Course Validation Request Form

Coursework must be validated if it is greater than 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: [CSPH.AcademicAffairs@cuanschutz.edu](mailto:CSPH.AcademicAffairs@cuanschutz.edu)

Name as shown on University records: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Last First Middle initial

Degree Program: \_\_\_\_\_ # of courses requested below for validation: \_\_\_\_\_

1. Course Title: \_\_\_\_\_

Academic Institution course was taken: \_\_\_\_\_

Term and Year course taken: \_\_\_\_\_

Instructor name: \_\_\_\_\_

Course description

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: _____
Comments:		
_____ Signature, Associate Dean for Academic Affairs		_____ Date

**2. Course Title:** \_\_\_\_\_

**Academic Institution course was taken:** \_\_\_\_\_

**Term and Year course taken:** \_\_\_\_\_

**Instructor name:** \_\_\_\_\_

**Course description**

**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: _____
Comments:		
_____ Signature, Associate Dean for Academic Affairs		_____ Date

**3. Course Title:** \_\_\_\_\_

**Academic Institution course was taken:** \_\_\_\_\_

**Term and Year course taken:** \_\_\_\_\_

**Instructor name:** \_\_\_\_\_

**Course description**

**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.**

<b>Approval – for CSPH Use Only</b>	
____Approved      ____Not 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 taken:** \_\_\_\_\_

**Term and Year course taken:** \_\_\_\_\_

**Instructor name:** \_\_\_\_\_

**Course description**

**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.**

<b>Approval – for CSPH Use Only</b>	
____Approved      ____Not Approved	Course Valid Until End of the Following Term/Year: _____
Comments:	
_____	_____
Signature, Associate Dean for Academic Affairs	Date