

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Request to Recertify Out-of-Date Course(s)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