

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
Mail Stop B119
Building 500
13001 East 17th Place, Room E3300
Aurora, CO 80045
Email: CSPH.AcademicAffairs@ucdenver.edu
Phone: 303-724-8877

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		
<input type="checkbox"/> Approved <input type="checkbox"/> 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		
<input type="checkbox"/> Approved <input type="checkbox"/> 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.

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

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.

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