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
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 our conds University records				_ Student ID #:	
ornvorony roborac	Last	First	Middle initial	Otadont ID II.	
Degree Program:		# of courses	requested below for	r validation:	
1. Course Title: _					
Term and Year c	ourse taken:				
Instructor name:					
Course descripti	on				

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