Request to Use Course over Time Limit in Graduate Program
Departments – Educational Leadership and Adult, Career and Higher Education
(Submit one request per course)

Students seeking to include coursework that is over the time limit in a degree program must demonstrate that s/he is current in the knowledge/desired outcomes of the course. The student submits written documentation to the course instructor (who currently teaches or taught the course in the recent past) that details activities in which the student has engaged since the course was taken, that are related to the content of the course, and that have allowed the student to remain knowledgeable in the content (e.g., current job duties, attendance and/or presentation of the content at professional conferences, or publication of articles, etc). The student and/or instructor may determine other methods of demonstration of student currency, including a requirement that the student must successfully re-take the course or take a new course.

The course instructor shall review submitted documentation and determine if the student demonstrates current knowledge of the content. If documentation is not sufficient, the instructor should not approve the request and shall notify the student. If documentation is sufficient, the instructor shall indicate approval and comment how the student demonstrated currency, attach student’s documentation.

The advisor and department chairperson shall then review instructor comments and if sufficient, approve the use of the course in the student’s program. If insufficient, they shall communicate denial of the request to the student.

Student’s Name ______________________ USF ID____________________

Student’s Program ___________________________ Semester/Year of Admission ________

Course Number and Name ______________________________________

Semester/Year Course Taken ________________________________

Instructor’s Name ________________________________

**Instructor’s Statement as to Student Currency in Course Content** (attach additional sheet as needed)

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Instructor’s Signature __________________________ Date ____________________

Program Advisor’s Signature __________________________ Date ____________________

Comments ____________________________________________________________

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Department Chair’s Signature __________________________ Date ______________

7/15/09- HRK/Im