

List courses to be recertified through course repeats or substitutions.

Dept. & Course No.	Course Title	Course completed by Semester/Year

Section III. Student Signature

I hereby certify that I understand I will be held to the above information and the dates by which I indicate the completion of my outstanding requirements. I also certify that I have met with my graduate coordinator or department chair and have reviewed all of the above expired or outstanding coursework with them.

Signature _____ Date _____

Section V. Routing for Academic Approvals

Form will not be approved by Graduate Studies without approval of all other parties.

_____ Print Advisor Name Signature _____ Date _____	Decision <input type="checkbox"/> Approve <input type="checkbox"/> Deny
_____ Print Graduate Coordinator or Department Chair Name Signature _____ Date _____	Decision <input type="checkbox"/> Approve <input type="checkbox"/> Deny
_____ Print College Associate Dean/Designee Name Signature _____ Date _____	Decision <input type="checkbox"/> Approve <input type="checkbox"/> Deny
Dean of Division of Graduate Studies/Designee Signature _____ Date _____	
Review and Comments _____ _____ _____	Decision <input type="checkbox"/> Approve <input type="checkbox"/> Deny

****Please note: In accordance with the Title 5, California Code of Regulations, a ONE-TIME ONLY extension of the seven-year limit may be granted to complete the requirements for the degree. Students will be held to the deadline by which they indicate they plan to graduate. No further extensions may be granted.**