

# COURSE JUSTIFICATION REQUEST

Use this form to justify the inclusion of coursework older than 5 years at the time of plan of study submission to the Graduate School or readmission to the graduate program. Justification for inclusion of such coursework should be assessed by the advisor with the support of the student's entire advisory committee. The course justification process represents an evaluation of the student's currency in the subject matter relevant to the pursuit of the graduate degree.

Last/Family Name

First/Given Name

Last 4 digits of VT ID

Degree Level

Current Program (Major)

INSTITUTION	COURSE NUMBER	TITLE OF COURSES TO BE JUSTIFIED	YEAR TAKEN

Check all that apply and attach required documentation to this form:

RATIONALE (Select all applicable justifications)	SUBMIT REQUIRED DOCUMENTATION
Student has been working continuously in the field	CV or resume with relevant professional experience highlighted
Student received professional certification within past 5 years from a nationally recognized organization	Copy of each certificate
Related advanced courses on the Plan of Study require subject matter currency on the old coursework	Attach document that explains connection between old course work and current advanced-level course(s) building on it.
Preliminary exam has been scheduled and student will be tested on this subject matter	Exam date:
Other:	Attach detailed explanation.

Continue to Page 2 for Signatures

# COURSE JUSTIFICATION REQUEST CONTINUATION PAGE

\_\_\_\_\_  
Last/Family Name

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Last 4 digits of VT ID

By signing below, all Committee members and Department Head or authorized Graduate Program Director attest that the student has remained current in the body of knowledge for all courses more than 5 years old that are included on the Plan of Study, and that the student's full Committee has thoroughly assessed the student's currency in the subject matter via the Graduate School-approved justification strategies.

## SIGNATURE OF ALL COMMITTEE MEMBERS REQUIRED!

\_\_\_\_\_  
COMMITTEE CHAIR Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
e-mail (@vt.edu, preferred)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
CO-CHAIR Signature (if applicable)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
e-mail (@vt.edu, preferred)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
COMMITTEE MEMBER Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
e-mail (@vt.edu, preferred)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
COMMITTEE MEMBER Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
e-mail (@vt.edu, preferred)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
COMMITTEE MEMBER Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
e-mail (@vt.edu, preferred)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
COMMITTEE MEMBER Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
e-mail (@vt.edu, preferred)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
COMMITTEE MEMBER Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
e-mail (@vt.edu, preferred)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
DEPARTMENT HEAD Signature  
or authorized GRADUATE PROGRAM DIRECTOR

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
e-mail (@vt.edu, preferred)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
GRADUATE SCHOOL DEAN Signature

\_\_\_\_\_  
Date (MM/DD/YY)

Submit your completed form:

**<https://gs.vt.edu/forms>**

120 Graduate Life Center, Blacksburg  
VT ICAB1, 3625 Potomac Ave, Alexandria

For assistance, call 540-231-8636  
or e-mail [grads@vt.edu](mailto:grads@vt.edu)