

SAN DIEGO STATE UNIVERSITY  
Division of Graduate Affairs  
SSE 1410 (619) 594-5213  
grad.sdsu.edu  
gra@sdsu.edu

# Validation for Recency

(TYPE OR PRINT CLEARLY)

RED ID \_\_\_\_\_

\_\_\_\_\_  
Last Name First

\_\_\_\_\_  
Degree (e.g., MA, MS, MBA) and Major (concentration/specialization if applicable)

\_\_\_\_\_  
Street Address Apt#

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Email

I acknowledge that my expertise for each course listed below remains current. I understand that validation for recency cannot be extended beyond one academic year and I must graduate within that time.

Date of degree completion : \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## GRADUATE ADVISOR

This is to certify that the above named student has proven their expertise in the content of each of the courses listed below to validate the course(s) for recency.

_____ Course Number and Name	_____ Units	_____ Semester Enrolled	_____ Validation Date
_____ Course Number and Name	_____ Units	_____ Semester Enrolled	_____ Validation Date
_____ Course Number and Name	_____ Units	_____ Semester Enrolled	_____ Validation Date
_____ Course Number and Name	_____ Units	_____ Semester Enrolled	_____ Validation Date
_____ Course Number and Name	_____ Units	_____ Semester Enrolled	_____ Validation Date

\_\_\_\_\_  
Graduate Adviser Signature

\_\_\_\_\_  
Date

## DIVISION OF GRADUATE AFFAIRS

Approved  Denied

\_\_\_\_\_  
Comments

\_\_\_\_\_  
Graduate Dean/Designee Signature

\_\_\_\_\_  
Date