

**HOWARD UNIVERSITY GRADUATE SCHOOL**

**Request for Restoration of Course Credits**

<b>Student Name:</b>	<b>ID No.</b>
<b>Department:</b>	<b>Bison Email Address:</b>

<b>Has the student been admitted to candidacy? Check (✓) one: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Expected Date of Graduation:</b>

<b>Reason for enrollment beyond five years (master's student) <i>or</i> seven years (doctoral student):</b>
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<b>This is to certify that the above-named student has successfully passed special examinations administered for the purpose of re-certifying credit for outdated courses.</b>
<b>As the Director of Graduate Studies, I have reviewed the examination process and I have forwarded the results to the Department Chairperson for final approval.</b>
<b>Graduate Program Director Name:</b>
<b>Signature: _____ Date: _____</b>
<b>Department Chairperson Name:</b>
<b>Signature: _____ Date: _____</b>

<b>For Graduate School - Office Use Only:</b>	
<b>Student Time-to-Degree:</b>	
<b>REQUEST APPROVED: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>SECRETARY OF THE EXECUTIVE COMMITTEE:</b>	
_____	_____
<b>Name &amp; Signature</b>	<b>Date</b>
<b>DEAN OF THE GRADUATE SCHOOL:</b>	
_____	_____
<b>Name &amp; Signature</b>	<b>Date</b>

<b>Registration Term</b>	<b>SUBJ Code/ Course no.</b>	<b>Course Title</b>	<b>Credit Hours</b>
<b>Exam Date</b>	<b>Name of Examiner</b>	<b>Examiner's Signature</b>	<b>Exam Score</b>

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