

**REQUEST FOR CERTIFICATION OF RESTORED COURSE CREDITS**

1. This is to certify that \_\_\_\_\_  
 (Last Name) (First Name) (M.I.) (I.D. No.)

Department of \_\_\_\_\_ has successfully passed the special examinations required for the following courses pursued more than five years ago:

<u>Course Number</u>	<u>Course Title</u>	<u>Examination Date</u>	<u>Written</u>	<u>Name of Examiner</u>	<u>Credit Hours</u>

2. I recommend the restoration of course credits based on the examination data given above.

\_\_\_\_\_  
 Signature of Department Head Department Date

3. APPROVED BY THE EXECUTIVE COMMITTEE: \_\_\_\_\_  
 Signature of the Executive Secretary Date

4. APPROVED: \_\_\_\_\_  
 Signature of the Dean, Graduate School of Arts and Sciences Date

NOTES: (1) An official transcript of course credits to be restored must accompany this request.  
 (2) The original grade remains on the transcript.