



SOUTH CAROLINA DEPARTMENT OF EDUCATION

Course Revalidation Form

Office of Educator Services
South Carolina Department of Education
849 Learning Lane
West Columbia, SC 29172
(803)896-0368 | fax
certification@ed.sc.gov | email

To Be Completed by the Educator

Last Four Digits of SSN: _____ EID (required): _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: ____ Former Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____ Work Phone: (____) _____

Courses to be applied as part of the Bachelor's +18 or Master's +30 must be completed within seven years from the time the course work sequence is started. Individuals who do not complete the course work during the seven years must request that the college/university revalidate the course credits before the work can be submitted for credential advancement.

Please specify any courses to be reviewed by the institution of higher education for revalidation.

Department (i.e. EDUC)	Course Number	Course Title	Date Taken (i.e. Fall 1995)

Educator Signature: _____ Date: _____

To Be Completed by the Dean or Dean's Designee at the Institution of Higher Education

Coursework revalidation verifies content stability and relevance for educator certification class advancement purposes. Please specify those courses provided by the educator which are **approved for revalidation**. Do not include denied coursework.

Department (i.e. EDUC)	Course Number	Course Title	Date Taken (i.e. Fall 1995)

Name of Institution: _____

State: _____ Website: _____ Accreditation: _____

Name of Dean/Designee: _____ Position: _____

Email: _____ Phone: (____) _____

Signature: _____ Date: _____