

**South Carolina Department of Education
Office of Educator Services
8301 Parklane Road
Columbia, South Carolina 29223
Fax: (803) 896-0368 Email: certification@ed.sc.gov**

Course Revalidation for Educator Certification Advancement

Educator Name: _____ Social Security Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email address _____

College/Institution: _____ Location: _____

Dept.	Course Number	Complete title of course	Date Taken (i.e. Fall 1995)

Please review the *graduate* course(s) listed above for content stability and relevance to current educational practice. This information will be used in determining if graduate credit hours completed more than seven years ago are appropriate for South Carolina licensure advancement to the Bachelor's plus 18 or the Masters plus 30 certification levels for pay purposes. I understand that a determination of course content stability and relevance does not constitute approval of the course for use in a program of study for degree purposes by the institution.

Educator Signature _____ Date: _____

***To be completed by Dean or Department Head at the above institution
(please check one)***

_____ The content of the course(s) listed above is/are current and relevant to today's educational practice.

_____ The content of the course(s) listed above has/have changed significantly and should not be considered current.

Signature _____ Date _____

Position or title _____ Phone _____

Comments: