

The Plan of Study (POS) should consist of graduate coursework not older than 5 years at the time of approval. In some cases, graduate coursework older than 5 years can be justified and may be included on the POS. Justification for inclusion of such coursework should be assessed by the advisor with the support of the student's **entire Advisory Committee**. The Course Justification process represents an evaluation of the **student's currency in the subject matter** relevant to the pursuit of one's graduate degree.

STUDENT INFORMATION

STUDENT'S LAST NAME _____ STUDENT'S FIRST NAME _____ STUDENT ID NUMBER _____

COURSE NUMBERS	TITLES OF COURSES TO BE JUSTIFIED	YEARS COURSES TAKEN

By signing below, all faculty Committee members and Department Head or authorized faculty Graduate Program Director attest that the student noted above **has remained current in the body of knowledge for all courses** more than 5 years old that are included on the POS and that the student's **full** Committee has thoroughly assessed the student's currency in the subject matter via one or more of the following Graduate School approved Justification strategies.

Check all those that apply:

- The student is working in the field (Currency is provided and verified by **attaching only the specific section of the student's professional employment Vitae** that relates to the course(s) in question);
- External certification within the past 5 years by a nationally recognized organization (attach verification of vitae);
- Other related courses on the POS provide subject matter currency;
- The thesis/dissertation research requires currency in the field through work with current literature;
- The student will be tested on a **written** Preliminary Examination (Attach day, time, and location of examination).

SIGNATURES

Advisory Committee Signatures (Required of ALL Committee Members)

signature	printed name	e-mail (@vt.edu, preferred)	date
signature	printed name	e-mail (@vt.edu, preferred)	date
signature	printed name	e-mail (@vt.edu, preferred)	date
signature	printed name	e-mail (@vt.edu, preferred)	date
signature	printed name	e-mail (@vt.edu, preferred)	date

DEPARTMENT HEAD signature _____ printed name _____ e-mail (@vt.edu, preferred) _____ date _____
 or authorized GRADUATE PROGRAM DIRECTOR

Return your completed form to:
Graduate School
 232 Graduate Life Center
 at Donaldson Brown
 Virginia Tech (0325)
 Blacksburg, VA 24061
 Fax: 540/231-1670

GRADUATE SCHOOL DEAN signature _____ date _____

Questions? Call 540/231-5645 or e-mail gradappl@vt.edu for assistance.