UNIVERSITY OF NORTH DAKOTA
SCHOOL OF GRADUATE STUDIES

FINAL REPORT NON-THESIS

Student Information

Student ID: _____ First Name: _____ Last Name: _____

Program: _____

Report on Degree Requirements

Semester Graduating:

Year:

Final Project:

Signatures

By signing this form, I verify that the candidate has satisfactorily completed all requirements for the degree.

Role	Signature	Date	Comments (optional)
Advisor			
Co-Advisor			
Minor Dept/Additional Member			
Graduate Program Director			
School of Graduate Studies*			

*This form has been received and recorded by the School of Graduate Studies. Signature by the School of Graduate Studies does not indicate that the degree requirements have been met until after the degree audit is completed.

Degree Audit Completed

This section will be completed after the degree audit is complete and all required documents have been received and final grades have been posted.

The Candidate has satisfactorily completed the final project, and all remaining degree requirements have been met. The School of Graduate Studies authorizes award of the degree.

Date Degree Awarded: _____