UNIVERSITY OF NORTH DAKOTA
SCHOOL OF GRADUATE STUDIES

REVALIDATION COMPLETION
UND GRADUATE COURSE

Student Information

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

Program: _____

Course Information

When the student has completed course revalidation(s), sign and return to the School of Graduate Studies.

Course Dept	Course Number	Completion Date	Instructor Signature

Signatures

Role	**Signature**	**Date**	**Comments (optional)**
Advisor			
Graduate Program Director			
School of Graduate Studies			