**Mayville State University**

**Quality Assurance Course Review Confirmation**

The following course has successfully been reviewed. It meets Mayville State University quality standards of distance delivery.

*Course Name and Catalog Number QA Stipend Amount*

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*Instructor*

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*Evaluators*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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Signature Date

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Signature Date

This form should be completed and submitted to the Title III Project Director *OR* Director of Admissions and Extended Learning for payment.

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Title III Project Director

*OR* Director of Admissions and Extended Learning Date