PEMBROKE	Graduation Iail: UNC at Pembroke Iffice of the Registrar .O. Box 1510 embroke, NC, 28372	OR: Fax: 910-	U	(Bachelor's)
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		dent Use		TEDM / VEAD
Intended Graduation	TERM / YEAR	New Graduation Da	ite	TERM / YEAR
Indexessary, a name change Last Name First Name Home Number Cell Phone		Ange form must be subr Middle Name	All pre-grad	Suffix (Jr., II, etc.) luation correspondence will be nailed your BraveMail.
		lailing Address		
Your diploma will be mailed to the Street Address or PO Box	address shown below. Please	use an address that wi	l be valid <u>seve</u>	eral months after graduating term.
City		State	Zip Co	de
	Acade	mic Details		
Major	Concentration			

I understand that any changes I make to the above information **must** be communicated to the Registrar's office in person or in writing as soon as possible. Failure to do so may affect my graduation status, and may incur additional charges. I also understand that according to the University Catalog, students must have a minimum GPA of 2.0 overall <u>AND</u> in their major field of study in order to graduate.

Applicant Signature		Date				
Office Use Only						

Office Use Only					
Date Processed		Processed By			