APPLICATION FOR GRADUATE DEGREE
The University of North Carolina at Pembroke

Please indicate the degree that you are earning:

☐MA ☐MAEd ☐MBA ☐MS ☐MSA ☐MPA ☐MAT ☐MSN ☐MSW

Anticipated Date of Degree Completion: ☐ Fall ☐ Spring ☐ Summer Year: _____

Program _____ Concentration *(if applicable)* _____

PLEASE PRINT

Name: _____
First Middle Last

Important: Your name will appear on your diploma as it does in your BraveWeb system. If your name is different than what is on your BraveWeb system, you will need to complete a *Name Change* form, located at www.uncp.edu/registrar/forms and submit the completed form with proper documentation to the Graduate School.

Address: _____

_____
City State Zip Code

Home Phone: _____ Work: _____ Cell: _____

Preferred Email Address:_____

Signature:_____ Banner ID:_____

Program Director: _____ Date _____
Printed Name Signature

Library Circulation Personnel: _____ Date _____

Payment Verification: _____Receipt #:_____ Date _____

After you have obtained these signatures, return the completed form to the Graduate School, Lindsey Administration building, Room 124.

Dean of Graduate Studies: _____ Date: _____

If you will be submitting an *Application for a North Carolina License* to the North Carolina Department of Public Instruction for a teacher/administrator/counselor licensure, then you will need to contact the Licensure Office in the School of Education, Room 101A.

Revised June 2013