

The University of North Carolina at Pembroke
School of Graduate Studies

Certification of Graduate Program Director

Name of Student Appealing (*print*): _____

Acting in my capacity as the graduate program director for the _____ program, I have conferred with the appellant's advisor and, in accordance with the established policies of the Graduate Appeals Committee of the University of North Carolina at Pembroke (especially item 8 of the *General Policies and Procedures Governing Reinstatement of Credit*), I affirm that:

a) I am familiar with and have knowledge of the appellant's graduate academic record-to-date;

and

b) The appellant's knowledge of the academic courses cited below is both timely and of continued relevance to his/her graduate degree program at the University of North Carolina at Pembroke.

This certification is based upon (*check only those that apply*):

- ___ administration of a test,
- ___ my personal knowledge of appellant's academic background,
- ___ my service as the professor-of-record for one or more of the courses,
- ___ a personal interview with the student,
- ___ the recommendation of a professional colleague in the department,
- ___ portfolio presentation,
- ___ *or* other reasons cited below:

This approval and certification for reinstatement is recommended for the following academic course(s):

Institution where course was completed	Course Prefix and Number	Title of Course	Grade received	Date completed	UNCP Equivalent
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Institution where course was completed	Course Prefix and Number	Title of Course	Grade received	Date completed	UNCP Equivalent
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Institution where course was completed	Course Prefix and Number	Title of Course	Grade received	Date completed	UNCP Equivalent
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_____ Printed Name of Program Director	_____ Signature of Program Director	_____ Date Approved
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_____ Printed Name of Department Chair <i>or</i> Dean	_____ Signature of Department Chair <i>or</i> Dean	_____ Date Approved
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For Office Use Only:

_____ Date Reviewed by Graduate Appeals Committee	___ Approved	___ Denied
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