Certification of Program Completion

The University of North Carolina at Pembroke

Anticipated Date of Program Completion: □ Fall □Spring □Summer Year: _____

Program of Study:_____

PLEASE PRINT

Name: _____
First Middle Last

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 _____

Dean of Graduate Studies:_____ Date_____

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After you have obtained all signatures, return the completed form to the Graduate School, Lumbee Hall, Room 253.

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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.