

REQUEST FOR CERTIFICATION OF PROGRAM COMPLETION

The University of North Carolina at Pembroke

This form is for students completing non-degree programs (add-on licensure, etc.)

Program of Study _____

Semester of completion: Fall ____ Spring ____ Summer ____ Year _____

Name _____

Address _____

City

State

Zip Code

Telephone (H) _____ (Work or Cell) _____

Email address _____

Will you be submitting an application for NCDPI teacher/administrator/counselor licensure? _____

_____ ID: _____

NAME UNDER WHICH ENROLLED

SIGNATURE

DATE

Program Director/Advisor _____ Date _____

Director of Library Services _____ Date _____

Dean of Graduate School _____ Date _____

- Copies to:
- Registrar's Office
- Licensure Office
- Advisor/Program Director