

The University of North Carolina at Pembroke  
School of Graduate Studies

Certification of Graduate Program Director

Name of Student Appealing (*print*): \_\_\_\_\_

I, \_\_\_\_\_, acting in my capacity as

Graduate Program Director for the \_\_\_\_\_ program, have

conferred with the appellant's advisor and, in accordance with the established policies of the Graduate Appeals Committee (GAC) of the University of North Carolina at Pembroke (especially item 11, which appears on the reverse side of the appellant's appeal), 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 or courses (list prefix and course number below):

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF GRADUATE PROGRAM DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT CHAIR *OR* DEAN

\_\_\_\_\_  
DATE