

The University of North Carolina at Pembroke Graduate Program Application for Admission

Please type, or print in ink. A non-refundable **\$45.00** application fee must accompany this form.

Entering Term: Fall___ Spring___ Summer___ Year_____

Entering Status: Seeking Master's Degree ___ Visiting Student ___ Special Undergraduate ___ Enrichment ___

Additional Graduate Licensure ___ Licensure Renewal ___

Intended Major:

Art Education _____ MAT _____	Music Education _____ MAT _____	Reading Education _____
Business Administration _____	Physical Education M.A. Licensure Program ___	School Administration _____ Add-on _____
Elementary Education _____	Exercise & Fitness _____	School Counseling _____
English Education _____ MAT _____	Sports Administration ___ MAT _____	Science Education _____ MAT _____
Mathematics Education _____ MAT _____	Public Administration _____	Service Agency Counseling _____
Middle Grades Education _____ MAT _____	Criminal Justice _____	Social Studies Education _____ MAT _____
	Health Administration _____	
	Emergency Management _____	
	On-Line _____	Social Work _____

Enrollment Status: Full-time _____ (9 –12 hours; full-time study for those who are not employed full-time)
Part-time _____ (up to 6 hours is maximum for individuals who are employed full-time)

Campus: Pembroke ___ (All Degree Programs classes offered at this location)

Sandhills CC ___ (Reading Education and MBA Program classes offered at this location)

Richmond CC ___ (Elementary Education program classes offered at this location)

Ft. Bragg ___ (MPA and Physical Education and M.A.T. program classes offered at this location)

Lee County ___ (Reading Education classes offered at this location)

Legal Name: _____

Last
First
Middle

Permanent Home Address: (Physical address)

Street
City/Town
County
State
Zip Code

() _____ () _____ E-Mail Address: _____
 Telephone: Home _____ Work _____

Mailing Address: (If different than actual location of residence)

Street
City/Town
State
Zip Code

If your present mailing address is not the one given above, the address below is current until: _____

Month
date
year

Street
City/Town
State
Zip Code
County

Contact Information:

Please provide a name and phone number of someone through whom you may be contacted throughout the year:

Name _____

Last
First
Relationship
() Telephone

(Over)

Teacher Licensure: If you are enrolling in one of the programs leading to North Carolina Department of Public Instruction licensure, list **all** teaching licenses held. **A copy of all current teaching licenses must be submitted with your application.**

Do you hold a Teacher's License? Yes No If yes, is it effective? Yes No

Type: _____ State Issuing: _____ Licensure area(s): _____

Professional Experience:

CURRENT EMPLOYER/ADDRESS	POSITION	DATES: (START DATE – END DATE OR CURRENT)
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EMPLOYER/ADDRESS	POSITION	DATES
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EMPLOYER/ADDRESS	POSITION	DATES
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If you have had more than three employers, please list additional information on a separate sheet of paper and attach.

Educational Preparation:

List all colleges and universities you have ever attended, most recent first, even if you did not complete a term. (Submit **2 official** copies of transcripts from every institution attended.)

INSTITUTION	DATES ATTENDED	MAJOR	DEGREE
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INSTITUTION	DATES ATTENDED	MAJOR	DEGREE
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INSTITUTION	DATES ATTENDED	MAJOR	DEGREE
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INSTITUTION	DATES ATTENDED	MAJOR	DEGREE
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If you have attended more than three institutions, please list additional schools on a separate sheet of paper and attach.

Are your transcripts under another name? No Yes Name(s): _____

Entrance Examination Information: (Official Score Reports must be sent to the School of Graduate Studies)

UNCP Code
1363 Miller Analogies Test (MAT)

UNCP Code
DP8-3F Graduate Management Admission Test (GMAT)
(Required for Business Administration Program only)

R5534 Graduate Record Exam (GRE)

R5534 Praxis II
(Accepted for English Education Program only)

Which scores will you submit? _____ Date Taken: _____ Date Scheduled: _____

5534 Test of English as a Foreign Language
(International Students only) Date Taken: _____ Date Scheduled: _____

Recommendations: Names and Positions of three individuals who can provide academic or professional recommendations for you. Recommendations should be requested from employers or supervisors familiar with your professional competence or from former professors who can comment on your academic potential for success in graduate school.

NAME	POSITION/TITLE
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NAME	POSITION/TITLE
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NAME	POSITION/TITLE
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Please be certain that all items contain complete, accurate information and notify the Graduate School office promptly, in writing, of any changes.

I affirm that all information contained in this portion of my application is accurate and complete. Inaccurate or incomplete information violates the UNCP academic honor code and will be grounds to deny or withdraw your admission, or to dismiss you after admission.

SIGNATURE

DATE

**The University of North Carolina at Pembroke
Graduate Program
Application for Admission
Part 2
Demographic Information**

Social Security Numbers are optional and are used for ID purposes only.

Name: _____ **SSN:** _____
Last First Middle

Gender: Male Female **Date of birth:** ____/____/____ **Place of birth:** _____
Month Date Year

Ethnic Origin

African American Asian/Pacific Islander Hispanic Native American White Other

Are you a legal resident of North Carolina? Yes No If yes, since what date? _____
Month
Year

If you are a legal resident of North Carolina, you must also complete and submit **Part 3: North Carolina Resident Tuition Application** in order to be considered for in-state tuition status.

Citizenship: ____ (Select appropriate letter code)

C=USA R=Permanent resident alien N=Non-immigrant alien F= Foreign Student
(Must submit a copy of your valid Green Card) (Must submit a copy of your validated Visa) (Must complete additional forms for I-20 Application)

Country of Citizenship: _____ Visa Type: _____

Please note: Applicants with an F1 or J1 visa are never eligible for in-state tuition rates.

How did you learn about UNC-Pembroke?

Newspaper Website Internet (source) _____
 UNC-P Alumni Graduate School Fair Other _____
 Relative or friend Employer/HR Office Grew up in this region

Campus Safety Questions – Your “yes” answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment. For the purposes of the following six questions, “crime” or “criminal charge” refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related. Circle the appropriate response to each item.

Have you ever been convicted of a crime?	Yes	No
Have you entered a plea of guilty, a plea of no contest, a plea of <i>nolo contendere</i> , or an Alford plea, or have you ever received a deferred prosecution or prayer for judgment continued, to a criminal charge?	Yes	No
Have you otherwise accepted responsibility for the commission of a crime?	Yes	No
Do you have any criminal charges pending against you?	Yes	No
Have you ever been expelled, dismissed, suspended, placed on probation, or subject to any disciplinary sanction by any school, college, or university for non-academic reasons?	Yes	No
If you have ever served in the military, did you receive any type of discharge other than an honorable discharge?	Yes	No
	Currently serving	Never served

If you answered “yes” to any of the six questions above, please explain the circumstances on a separate sheet of paper.

The University of North Carolina at Pembroke
School of Graduate Studies
P.O. Box 1510
Pembroke, NC 28372
North Carolina Resident Questionnaire*

Part 3

For any inapplicable questions, write N/A. Whenever "date" is requested, list month/date/year.

Full Name: _____
Last First Middle

Current mailing address: _____
Number Street City State Zip

How long at this address? (years/mo) _____ Since (date) _____ Telephone () _____

If less than one year, please list any other North Carolina addresses you have had in the past five years on a separate sheet of paper. Include the dates of your residency for each.

Have you ever attended post secondary school outside of North Carolina? Yes No

Have you ever worked outside of North Carolina? Yes No

Your last address outside North Carolina _____
Address City State Zip Dates of residency

Do you have a driver's license? Yes No Issuing State: _____ Date issued: _____

Do you own a motor vehicle? Yes No State of registration: _____

Are you a registered voter? Yes No State of registration: _____

Your current employer: _____
Employer's Name Address (city, state, zip) Your job title Date of hire

On a separate sheet, please list any other jobs you have held in the past five years. Include employer's name, address, your job title, and dates of employment.

Have you applied at any time to any UNCP office to be classified for tuition purposes? Yes No

If yes, were you classified as a Resident Non-resident Effective: _____
Term (semester) Year

Please review the information you have provided for "Part 2" and, if appropriate, "Part 3" very carefully to ensure that it is complete and accurate.

You must notify the Graduate School office, in writing, of any criminal charge; any disposition of a criminal charge; or school, college, or disciplinary action against you; or any type of military discharge other than an honorable discharge that occurs at any time after you submit this application. Your failure to do so will be grounds to deny or withdraw your admission, or dismiss you after enrollment.

I understand that my failure to provide complete, accurate, and truthful information on this application, or to notify the Graduate School office of any of the charges indicated above, will be grounds to deny or withdraw my admission, or to dismiss me after enrollment.

 Signature of Applicant

 Date

*If there is any question about your NC residency, you will receive a more detailed application form.