

# University Questionnaire

*(To be completed by transfer students, only)*

This questionnaire is to be completed by the last institution you attended. Complete the top section. The Dean of Students of that institution will complete the remainder and forward it to the appropriate office at The University of North Carolina at Pembroke.

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College Attended \_\_\_\_\_

Dates Attendance \_\_\_\_\_ to \_\_\_\_\_

I hereby request that you complete this questionnaire which is to be sent to the **Office of the Registrar at the University of North Carolina at Pembroke**. I authorize you to release the requested information and any other information you may have concerning me to the above mentioned university.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Dean of Students:** The student listed above is making application for admission to The University of North Carolina at Pembroke. In addition to the requested information, we would be grateful for any other information you have which you believe may be helpful to us when the application is evaluated.

1. Has the student been disciplined, placed on probation or suspended for

(a) Academic reasons \_\_\_\_\_

(b) Conduct reasons \_\_\_\_\_

(c) or other reasons \_\_\_\_\_

If your answer to a, b. or c is yes, please explain.

\_\_\_\_\_

2. Would the student be permitted to re-enter your institution next semester/quarter?

Yes \_\_\_\_\_

No \_\_\_\_\_

If no, please specify the reasons.

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

Return this report to: Please  
Print or Type:

**The University of North  
Carolina at Pembroke**  
Office of the Registrar  
PO Box 1510  
Pembroke, NC 28372

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_