

**The University of North Carolina at Pembroke
University-School Programs
Registrar's Statement and Application for Degree**

I, _____, hereby authorize the Office of the Registrar to forward a copy of my transcript to the Director of University-School Programs as part of my application for the Professional Semester. _____
Signature and Date

Name _____ ID Number _____

Major _____ Concentration _____ Concentration _____

*Do you have an IEP? * __Yes __No Degree Awarded _____ Year Awarded _____
Institution _____

***Important: Students receiving a degree should complete rest of form, obtain signatures, pay graduation fee and return to the Office of the Registrar. Students who are Licensure Only (IEP) need to contact the Office of the Registrar prior to completion of this form to determine eligibility for a second degree .**

APPLICATION FOR AN UNDERGRADUATE DEGREE

Degree _____ Date To Be Completed _____

Date To Be Conferred _____ Catalog _____

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

OBTAIN ALL SIGNATURES

Major Advisor _____ Date _____

Director of Library Services _____ Date _____

Director of Career Services _____ Date _____

Director of University Programs _____ Date _____

Cashier's Office _____ Date _____

RETURN TO THE OFFICE OF THE REGISTRAR