# Certification of Program Completion

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| --- | --- | --- | --- | --- |
| **Please indicate the certificate and/or add-on program you are completing:**    Certificate in Addictions Counseling  Certificate in Nurse Education  Certificate in Post-Secondary Success for School Counseling  English as a Second Language Add-On  Professional School Counseling Add-On  School Administration Add-On  School Social Work Licensure | | | | |
| **Anticipated Term and Year of Completion:** | **Year:** Click here to enter text. |  |  | |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Fall | Summer I | | Spring | Summer II | | | | | |
| \*\*\* Enrollment in the University is required the semester you graduate. \*\*\* | | | |
|  |  |  |  | |  |
| **Enter Contact Information:** |  |  |  | |  |
| Name: Click here to enter text. Banner ID: Click here to enter text. BraveMail: Click here to enter text. | | | |
| Street Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text. | | | |
| Zip: Click here to enter text. Cell Phone: Click here to enter text. | | | |
| ***When the form is complete, email the completed form to*** <gary.locklear@uncp.edu>***.*** | | | |
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| ***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\****  **Office Use Only** | | | |
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| Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

*Revised 20200213 gl*