# 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. |  |  |  |
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| Fall [ ]   | [ ]  Summer I |
| Spring [ ]   | [ ]  Summer II |

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| \*\*\* Enrollment in the University is required the semester you graduate. \*\*\* |
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| **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](gary.locklear%40uncp.edu)***.*** |
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| Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 *Revised 20200213 gl*