

**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 Admissions Office at The University of North Carolina at Pembroke.

Name \_\_\_\_\_

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

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

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

<p>I hereby request that you complete this questionnaire which is to be sent to the <b>Office of Admissions</b>. I authorize you to release the requested information and any other information you may have concerning me to the above mentioned university.</p>	
_____ Signature of Applicant	_____ Date

**To the 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) Other reasons \_\_\_\_\_

If you 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 reasons.

\_\_\_\_\_

Other comments:

\_\_\_\_\_

**Return this report to:**

Email: [admissions@uncp.edu](mailto:admissions@uncp.edu)

Fax: (910) 521-6497

The University of North Carolina at Pembroke  
Office of Admissions  
P.O. Box 1510  
Pembroke, NC 28372

**Please Print or Type:**

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

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

Position/Title: \_\_\_\_\_

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

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