# 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 Advanced School Counseling for Postsecondary Success [ ]  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 your request has been processed confirmation will be emailed to your student BraveMail. Your name will be listed in the subject line and will be highlighted on your form, verify for accuracy.** To change your name in the BraveWeb system, submit a completed *Name Change* form at [**https://tinyurl.com/UNCP-Graduate-Forms**](https://tinyurl.com/UNCP-Graduate-Forms%20) to The Graduate School. ***When the form is complete, email the completed form to*** [gary.locklear@uncp.edu](gary.locklear%40uncp.edu)***.*** |
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| ***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\******Office Use Only** |
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| Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 *Revised 20200708 gl*