



INSTITUTE OF CHARTERED ACCOUNTANTS OF BRITISH COLUMBIA
 5th Flr – 505 Burrard St, Box 22
 Vancouver, B.C. V7X 1M4

**ADVANCED CERTIFICATE IN ACCOUNTING
 STUDENT REGISTRATION APPLICATION**

 Institute use only

____ COLLEGE/UNIVERSITY GRADUATE ____ MATURE STUDENT ____ CMA/CGA STUDENT

INSTRUCTIONS: PLEASE PRINT This form must be signed by both parties and submitted with a non-refundable registration fee of \$160.00 + HST and evaluation fee:

- previously paid
- \$40.00 + HST - B.C., Alberta, Saskatchewan or Yukon college/university, CMA/CGA transcript or mature applicants
- \$50.00 + HST - other Canadian university/college transcripts
- \$75.00 + HST - U.S. transcripts
- \$100.00 + HST - outside Canada and U.S. transcript

Payment of application fee and evaluation fee made by: (select one) <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Cheque	Amount Enclosed/Authorized: \$
Card Number / Expiry Date	Signature and Date

Commencement date for recognition of internship periods may be delayed if documentation is not received promptly.

ALL STUDENTS

I. ____ MR	<u>SURNAME</u>	<u>GIVEN NAMES</u>	<u>EMPLOYER'S NAME</u>
____ MRS			
____ MS			
ADDRESS	_____	ADDRESS	_____
CITY	_____	CITY	_____
POSTAL CODE	_____	POSTAL CODE	_____
TELEPHONE	_____	TELEPHONE	_____
BIRTHDATE	_____	FAX	_____
	M / D / Y	EMPLOYMENT	
e-mail	_____	START DATE	_____

ALL STUDENTS

2. LEVEL OF EDUCATION ATTAINED
- high school obtained
 - college diploma obtained in progress withdrew
 - CMA AAT obtained in progress withdrew
 - CGA Level III obtained in progress withdrew

Official transcripts from (including high school) _____ are:

- Enclosed Previously sent Being sent under separate cover

If applicable, letter in Good Standing from CMA/CGA is Enclosed Previously sent Being sent under separate cover

IF YOUR NAME ON ANY TRANSCRIPT IS DIFFERENT TO THAT WHICH APPEARS ON THIS APPLICATION FORM, PLEASE PROVIDE PROOF OF NAME CHANGE (marriage certificate, etc)

MATURE STUDENTS

- 3. Resume detailing educational and employment history.
 - Enclosed
 - Previously sent
 - Being sent under separate cover

4. STUDENT DECLARATION

I undertake to abide by the Bylaws, Bylaw Regulations, Rules of Professional Conduct and Council Interpretations of the Institute.

_____, 200____
Date

Student's Signature

5. EMPLOYER DECLARATION

MATURE STUDENTS & ALL THOSE STUDENTS WHO HAVE NOT COMPLETED INTERMEDIATE ACCOUNTING:

The applicant has been employed in my office since _____ and, in my opinion, has demonstrated a level of
M / D / Y
competence that would be expected of someone who has completed an acceptable Intermediate Financial Accounting course.

signature of partner (on behalf of the firm)

ALL STUDENTS:

I agree, during the applicant's employment with this firm, to provide the practical training and experience required by the Institute for the internship modules of the Advanced Certificate in Accounting.

M / D / Y

location of office

print name of partner (on behalf of the firm)

signature of partner (on behalf of the firm)

Please identify the person in your firm who will act as contact for the program. _____

I have read and understand the minimum system requirements needed to become an ACIA student. I understand that I must have these requirements to enroll as a student.

M / D / Y

signature of student

TO BE COMPLETED BY THE INSTITUTE

Registration fee received Resume received Evaluation fee received
 Equivalency statement signed Official transcripts received Intermediate Financial Accounting complete

Effective date _____ Registrar _____
M / D / Y