INSTITUTE OF CHARTERED ACCOUNTANTS OF BRITISH COLUMBIA

Application for Transfer of Student Registration

NOTE: AFTER COMPLETION BY ALL PARTIES, THE FORM SHOULD BE RETURNED TO THE INSTITUTE (505 Burrard St., Box 22, Vancouver, BC V7X 4M1). ICABC MAILING RECORDS WILL THEN BE CHANGED.

Given Name _____ Surname _____ Student Number _____

PREVIOUS EMPLOYER:

Firm Name _____

Address _____

City _____ Province _____

Postal Code _____ Telephone # _____

Last day with previous employer _____

PRESENT EMPLOYER:

Firm Name _____

Address _____

City _____ Province _____

Postal Code _____ Telephone # _____

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PRESENT EMPLOYER

I, _____ (Partner) of _____ (City) in the Province of British Columbia,

on _____, 200____ CERTIFY THAT:

(a) _____ (Student) has been employed full time in my office as a student since _____, 200____.

(b) 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.

date _____ 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. _____