Colorado *Dual Degree Enrollment Verification*

This form must only be completed if you will earn a bachelor's degree together with a master's degree.

Effective 9/1/2016

Part 1 - To be completed by the candidate: (After completing Part 1, submit this form to an approved representative of the academic institution where your degree is being pursued.):		
1 Applicant's Name		
1.Applicant's Name: First Name	Middle Name	Last Name
2.Date of Birth:	3. National Candidate ID:	
mm/dd/yyyy	On your CPA Portal Homepage, click your name, select My Info, it is listed under the CPA Portal Information	
4.Name of academic institution:		
Part 2- To be completed by a college or unive	ersity representative:	
1. Name and description of program:		
2. Expected degree: Type (BS, BA, MBA, etc.)	Major	Expected Graduation Date
3. Will the candidate be providing proof of ed State Board of Accountancy's Rules? Yes	ucation to meet the requireme No	ents of Chapter 2.4 of the Colorado
By signing this document, I certify that the inf knowledge.	ormation contained herein is t	true and correct to the best of my
Signature of college or university representative		Date
Title (choose one):		
Chair of Accounting Department Professor of Accounting Department		
Registrar of College or University		
Dean of College or University		

This form must be uploaded as part of your Education Evaluation Application through your CPA Portal. (If the form is completed with a seal or embossing, it must be visible on the electronic version to be considered official.)

If you are submitting this form AFTER you have already submitted your online application, you can email the form to: <u>etranscript@nasba.org</u>