MICHIGAN Certificate of Enrollment

If you have education in progress, you must submit this form at the time of your application for the Uniform CPA Examination. Your final official transcript showing successful completion of the education listed below must be submitted no later than 60 days following the date of your first examination section.

Part 1 - To be completed by the candidate:

(After completing Part 1, submit this form to the registrar of the academic institution where your degree is being pursued.):

1. Applicant Name:						
	First	M. I.	Last			
2. Mailing Address:						
	City	State	Zip Code			
3. Date of Birth:	4. Social Security Number:					
5. I understand that I must no later than 60 days follow			ssful completion of the education listed below			
Date		Applicant Signature				
6. Name, address and to	elephone number	of educational institution:				
			_()			
Part 2- To be complete	ed and mailed by	the registrar of the acad	emic institution:			
1. Courses in subjects in	n which the candi	date is currently enrolled.				

Course Name	Course Number	Number of Credit Hours	Anticipated Completion Date mm/dd/yyyy

2. Degree to be conferred:

Type (BS, BA, MBA,	Expected Graduation Date mm/dd/yyyy	
		Signature of Dean or Registrar
Seal of Institution		Title
		Date

RETURN THIS FORM TO: CPA Examination Services - MI, P.O. Box 198469, Nashville, TN 37219-8469