MICHIGAN

CERTIFICATE OF ENROLLMENT FOR THE UNIFORM CPA EXAMINATION

Applicants for the Uniform CPA Examination who are currently enrolled in an academic program at a college or university may be permitted to register for the examination. Applicants must have completed a curriculum required for a baccalaureate degree, with a concentration in accounting, at an educational institution approved by the board prior to the date that the candidate sits for the first section of the CPA Examination. In order to determine applicant's eligibility, the information below must be completed and submitted with all transcripts at the time of application.

PART 1 – TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____
First M.I. Last

*I understand that **I am not eligible to test until I have completed a curriculum required for a baccalaureate degree with a concentration in accounting**. I further understand failure to submit official transcripts showing satisfactory completion of courses by the last day of the month following the window in which I sit for the examination will result in cancellation of any examination scores received.*

_____ _____
Date Applicant Signature

PART 2 – TO BE COMPLETED AND MAILED BY ACADEMIC INSTITUTION:

1. Name, address, and telephone number of academic institution:

_____
Name of Institution Telephone Number

_____
Street Address City State Zip Code

2. Degree to be conferred (if in progress): _____ _____
Degree (BS, MBA, MACC, etc.) Conferral Date

3. Courses in which the applicant is currently enrolled. (Attach additional sheet if necessary.)

Course Number	Course Name	Number of Credit Hours	Anticipated Date of Completion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Courses in which the applicant is <u>not currently enrolled</u>, but which will be completed to meet the educational requirements prior to the actual date the candidate will take their first test section(s).

Course Number	Course Name	Number of Credit Hours	Anticipated Date of Completion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Seal of Institution _____
Signature of Dean, Registrar, or Department Head

_____ _____
Title Date

Mail to: CPA Examination Services, MI Coordinator, P.O. Box 198469, Nashville, TN 37219-8469