



Preliminary Evaluation of Advanced Standing Canadian University Graduate Application Form

1. PERSONAL INFORMATION

Last name: _____ First name: _____ Initial: _____

Address: _____

City: _____ Postal Code: _____ E-mail: _____

Work Tel: _____ Home Tel: _____ Fax: _____

2. EDUCATIONAL INFORMATION

(Please provide official transcripts for all of the below. Please note that a certified transcript is required from each university and/or each educational institution at which courses have been completed. The following should be included, as applicable: CÉGEP/A Levels/college transcripts.)

Degree(s) Conferred	University(s) Attended

Have you at any time been a student or member of another Accounting Body or another CA provincial Institute? Yes No
 If yes, indicate the name and years of attendance :

Name: _____ Years: _____

3. APPLICATION FEE

(please check one)

- Within Ontario: \$56.50 (\$50.00 + \$6.50 HST)
- Canadian Universities: \$113.00 (\$100.00+ \$13.00 HST)

Checklist (to be sent with payment)

- Original transcripts
- University syllabus/calendar
- Course descriptions/outlines issued by University (photocopies are unacceptable)
- Request for course advice (if desired)

4. PAYMENT METHOD (if applicable)

Credit Card Information: Visa MasterCard

Expiry Date

					-					-				-				
--	--	--	--	--	---	--	--	--	--	---	--	--	--	---	--	--	--	--

m	m	y	y
---	---	---	---

HST# 10750 8525

- Personal Cheque **To pay by cheque,** record your ICAO number on the cheque and make it payable to: **The Institute of Chartered Accountants of Ontario.**

I UNDERSTAND THAT THE EVALUATION FEE IS NON-REFUNDABLE. I ALSO UNDERSTAND THAT THE EVALUATION WILL BE VALID ONLY FOR A PERIOD OF 12 MONTHS AND MAY BE SUBJECT TO CHANGES IN THE RULES AND REGULATIONS GOVERNING STUDENTS THAT MAY TAKE PLACE PRIOR TO REGISTRATION WITH THE INSTITUTE.

I declare that the information contained on this form is true and complete. I also authorize the Institute to charge the above credit card, if credit card payment information for the amount specified above has been provided.

_____ _____
 Print Name Signature Date

INSTITUTE USE ONLY									
Amount Paid: \$	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">.</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>						.		
					.				