



Preliminary Evaluation of Advanced Standing Canadian University Graduate Application Form

1. PERSONAL INFORMATION

Last name: _____ First name: _____ Initial: _____

Address: _____

Postal Code: _____ Work Tel: _____ Home Tel: _____ Fax: _____

Email: _____

2. EDUCATIONAL INFORMATION (please provide official transcripts for all of the below)

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)

Checklist (to be sent with payment)

- | | |
|--|---|
| <input type="checkbox"/> Within Ontario: \$52.50 (\$50.00 + \$2.50 GST)
<input type="checkbox"/> Canadian Universities: \$105.00 (\$100.00+ \$5.00 GST) | <input type="checkbox"/> Original transcripts
<input type="checkbox"/> University syllabus/calendar
<input type="checkbox"/> Course descriptions/outlines issued by University (photocopies are unacceptable) |
|--|---|

4. PAYMENT METHOD (if applicable)

Credit Card Information: Visa MasterCard

Expiry Date

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GST# 10750 8525 RT0001

- 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: \$

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