



CA Student of Another Provincial Institute/Ordre - Confirmation

Re: _____

We confirm that the person named above is a student in good standing of this Institute. Additional information to assist in assessing the qualifications for membership is given below:

Registered Name (*print full name*): _____

Registration date: _____

Academic Qualifications: _____ University: _____

Has met all qualifications for membership excluding French test.

Prescribed practical experience history:

Employer name:

Date of employment:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of months in public accounting _____

Chargeable hours completed: Total: _____

_____ Assurance, including in
_____ Auditing
_____ Taxation

Passed the Uniform Examination/Evaluation in _____ (year)

The person named above is a student in good standing of this Institute and we know of no reason why membership in the Ontario Institute should not be granted.

PLEASE AFFIX
OFFICIAL STAMP

Name of Institute/Ordre

Member No.

X _____
Signature

Date

PLEASE MAIL ORIGINALS TO THE ATTENTION OF TED PEART