

# USF Financial Planner Certificate/CFP® Exam Prep Application

Registered with the CFP Board

## Personal Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Last four digits of your Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Employment

Employer/Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Position \_\_\_\_\_

## Education (Mandatory: A college degree is required.)

College/University	Location	Major	Degree	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Professional Designations \_\_\_\_\_ Licenses/Registrations \_\_\_\_\_

## Referral Source (please specify how you heard about this program)

Newspaper Ad  Brochure  Colleague  Professional Assoc.  CFP Board  Word of Mouth  Employer

Other (Specify) \_\_\_\_\_

## Method of Payment (\$100\* nonrefundable application fee must accompany this form.)

Visa  Mastercard  American Express  Discover Card  Company-Approved Purchase Order

Make purchase orders payable to University of South Florida. Checks or cash are not accepted.

P.O. enclosed in the amount of \$100.  Please charge my credit card in the amount of \$100.

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print Name as it appears on credit card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you need accommodation of a disability?  No  Yes, Accommodation required: \_\_\_\_\_

Do you need a parking permit?  No  Yes

Note: USF policy requires parking permits for all vehicles parked on campus. USF staff/students should use their own permits.

## Mail to:

Continuing Education - Registration Services  
University of South Florida  
4202 E. Fowler Ave., NEC116  
Tampa, FL 33620-6758

Please note: Online registration  
is not available for this program.

## Fax to:

813-974-5732 with credit card information

Please answer the questions on the reverse; they will be used to evaluate your application.

Office Use Only: Program# \_\_\_\_\_ Code 2540 Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ Fee paid by \_\_\_\_\_

# USF Financial Planner Certificate/CFP® Exam Prep Application

Please list your objectives in taking this program:

Briefly describe your experience and educational background in financial planning, financial services, investments, accounting, economics, insurance, law, retirement planning, banking, benefits, psychology, or individual counseling: