

## **Accounting Certificate Program**

## SECTION I: Your application will be reviewed when the following materials have been received:

- Completed Application Form
- ❖ Non-refundable application fee of \$50 payable to "USM School of Business"
- Official transcripts, or copies of official transcripts, from all colleges or universities that granted prior degree(s)
- Current resume

#### Submit all materials to:

USM School of Business Accounting Certificate Program PO Box 9300 Portland, Maine 04104

# Accounting Certificate Program APPLICATION FORM

## **SECTION II:**

1. Name:					
Last	First	M	iddle (Dr.	, Mr., Mrs., Miss.)	
2. Other names in which University	records have previously	been filed:			
3. Current mailing address:					
Street	(	City	St.	Zip	
4. Permanent mailing address (if diff	Gerent):				
5. Date of birth:	6	6. Citizen of (country):			
7. If U.S. citizen, state of legal resider	ncy: 8	8. Gender (optional):			
9. Home/Cell phone:	1	_ 10. Work phone:			
11. Email:					
12. Social Security Number:	1	13. USM student ID:			
14. Semester and year to begin course	ework: O Fall	<b>O</b> Spring	Year:		
15. Anticipated completion of course	ework: O Fall	<b>O</b> Spring	Year:		
16. Please list all degrees previously a date awarded. Please submit an offici sity that granted degree(s).			•		
17. Please indicate if you are one of t	the following (optional):				
O American Indian or Alaskan 1	-	Asian	O Dla alz (mam	I liamamia)	
American Indian of Alaskan I	Native O F	ASIAII	O Black (non-	-mispanic)	
O Hispanic O Native	Hawaiian/Other Pacific	Islander	<b>O</b> White	<b>O</b> Other	
18. How did you hear about the Acco	ounting Certificate Prog	ram?			
O USM Continuing Education C	Catalog O School c	f Business Websi	te <b>O</b> Frie	nd	
O Employer:	0(	Other:			

### **SECTION III:**

19. Please submit a current resume with this application that contains information on all employment within the last five years. Please include a brief description of each job and your responsibilities.

*Please note:* Acceptance to this certificate program through the University of Southern Maine School of Business does not constitute acceptance into any of USM's degree programs. Should you wish to enroll in a degree program at USM, you must submit a separate application. Please contact the Office of Undergraduate Admission at 1-800-800-4USM or visit www.usm.maine.edu/admit for more information.

tion is correct and complete and I agree	e to provide substan	tiation or documen	tation if requested	by the Univer-
sity.	•		1	•
•				
Signature:		Da	ate:	

By my signature, I certify that to the best of my knowledge and belief, the information provided in this applica-

The University of Southern Maine shall not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, or citizenship status, age, disability, or veteran's status in employment, education, and all areas of the University. The University provides reasonable accommodations to qualified individuals with disabilities upon request. Questions and complaints about discrimination in any area of the University should be directed to the campus compliance officer, 7 College Avenue, 780-5094, TTY, 780-5646.

Revised: 12/15/2010