

WISCONSIN

CERTIFICATE OF ENROLLMENT FOR APPLICANT FOR UNIFORM CPA EXAMINATION

Any applicant for the Uniform CPA Examination who is in the process of completing course and/or degree requirements (a bachelor's degree or higher, and, if graduation occurs after December 31, 2000, 150 semester hours of coursework as defined in Accy 7.035) may be permitted to take the examination, provided that all courses, degree requirements and 150 semester hours are completed within 60 days of the date when the candidate takes their first examination.

In order to determine the applicants' eligibility, the information requested below must be submitted to CPA Examination Services at the time of application. **NOTE: If an applicant is applying for the examination outside of the 60 days as shown on this form, the NTS will be held.**

Part 1 - TO BE COMPLETED BY CANDIDATE:

(After completing, submit this form to the registrar of the academic institution where your degree is being pursued.):

1. Applicant Name: _____
First M. I. Last

2. Mailing Address: _____
City State Zip code

3. I understand that failure to successfully complete the courses, degree requirements and 150 semester hours of course credits within 60 days of my first examination date will result in my examination score(s) being voided.

Date Applicant Signature

4. Name, address and telephone number of educational institution:

_____ () _____

Part 2- TO BE COMPLETED and mailed BY registrar of academic institution:

1. Courses in subjects in which the candidate is currently enrolled.

	COURSE NAME	COURSE NUMBER	NUMBER OF CREDIT HOURS	ANTICIPATED DATE FOR COMPLETION
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

2. Degree (BS, MBA, etc.) to be conferred: _____ 3. The expected graduation date is _____

4. The 150 hour educational requirement to sit for the Uniform CPA Examination was/is being met on ____/____/____.
(If this does not apply, please indicate.)

Seal of Institution

Signature of Dean or Registrar

Title

Phone Number

Email Address

Date

RETURN THIS FORM TO: CPA Examination Services - WI, P.O. Box 198469, Nashville, TN 37219-8469