

STUDENT REGISTRATION APPLICATION 2013/2014

Use this form to apply to register as a CASB student if you are also registering in the spring 2013 Module 1 session or have advanced standing in the CASB program. Send the completed form and payment information by EMAIL to generalregistrations@casb.com or MAIL to CA School of Business Student & Support Services/301, 1253 91 Street SW/Edmonton, AB/T6X 1E9. You will also need to complete a *Module Registration Form*.

Only use this form if you are registering for the spring 2013 Module 1 session. Information for students intending to start the CPA program in Fall 2013 will be available from the CPA profession in the spring.

PRINT in capital letters or CLICK in the box to type.

1 Personal Information			
Legal name			
First	Middle	Last	
Preferred name		Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address Information			
Street address		City	
Province	Postal code	Personal email	
Home phone number		Cell phone number	

2 CA Training Office Information (if applicable)			
Employer name		Employer street address	
Employer city	Employment start date	Employer province	Employer postal code
Direct phone number		Business email	
Experience Route			
Select the experience route that you intend to complete:			
<input type="checkbox"/> Non-external audit (Corporation/Public sector/Public practice - Non-assurance)	<input type="checkbox"/> External audit (Public practice)	Applicants in BC ONLY: If you have selected the external audit (public practice) route, select one of the following:	
		<input type="checkbox"/> Audit Practicing Certificate	<input type="checkbox"/> Review Practicing Certificate

3 Communication Preferences			
CASB uses email to communicate with you whenever possible. Please provide reliable email addresses that you check frequently.			
Preferred email address:	<input type="checkbox"/> Personal	<input type="checkbox"/> Business	Preferred mailing address: <input type="checkbox"/> Home <input type="checkbox"/> Employer

4 Registration Category			
<input type="checkbox"/> University degree	<input type="checkbox"/> Co-op student in a CASB-approved co-op program	<input type="checkbox"/> Undergrad/Summer employment	<input type="checkbox"/> CMA/CGA/ACIA
<input type="checkbox"/> MPAcc	<input type="checkbox"/> Mature student	<input type="checkbox"/> International designation	<input type="checkbox"/> Senior practitioner

5 Post-secondary Education	
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To process your application, we need official transcripts showing prerequisite courses completed and degrees granted (if applicable) issued directly to CASB. If an official transcript is unavailable, enclose the most recent unofficial transcript. Your CASB student registration will be provisional, pending receipt of official transcripts.

Have you previously requested that CASB assess your transcripts? An assessment is required if you are registering in the Mature student, International designation, or Senior practitioner Registration Categories	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date requested (mm/dd/yyyy)
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List all post-secondary education. Attach extra sheets as necessary. All international degrees must be assessed by IQAS or ICES.

Institution name (university/college)	Degree(s)/Diploma(s) granted	Province/Country	Month/Year of convocation

Official transcripts indicating degree completion and/or prerequisite completion, or IQAS/ICES report:

<input type="checkbox"/> Enclosed in sealed institution envelope	<input type="checkbox"/> Previously forwarded
<input type="checkbox"/> Arrangements in process to have sent directly by university/ institution	<input type="checkbox"/> Not yet available: unofficial transcripts attached

List other professional accounting designations/memberships.

Institute/Association/Society name	Year qualified	Designation granted	Country	Status of membership

6 Mature Student Applicants	
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Complete this section if you are applying as a mature student.

This means you do not have a 4-year post-secondary degree and have achieved a minimum score of 550 on the GMAT, have at least five years of relevant business experience, or have a combination of relevant business experience (two years minimum) and full-time post-secondary education (three years maximum).

Have you previously requested that CASB assess your eligibility to enroll as a mature student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date requested (mm/dd/yyyy)
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If you have not previously requested an assessment of your eligibility to enroll as a mature student, please provide the following:

- A detailed resume and supporting documentation describing your work history
- Two letters of reference

GMAT transcript (select one):	GMAT score
<input type="checkbox"/> Requested from GMAT and will be sent directly to CASB	
<input type="checkbox"/> Previously forwarded to CASB	
<input type="checkbox"/> Included in application package	
	Year written (yyyy)

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Fee information

A one-time, non-refundable registration fee must accompany this form.

Annual student dues must accompany applications submitted after March 15, 2013. Annual dues will be invoiced by April 1, 2013, for applications with an employment start date on or after April 1, 2013, that are submitted between February 1 and March 15, 2013. **Choose one:**

- Registration fee of \$350.00, half-year \$440.00 (for 2012/2013) and full-year \$920.00 (for 2013/2014)**
You are registering in the spring 2013 Module 1 session (you must submit a Module Registration Application). You are starting employment between October 1, 2012, and March 31, 2013, and want the experience before April 1, 2013, recognized. If you would like recognition for time that will be completed before April 1, payment for this period must accompany the application form.
- Registration fee of \$370.00 and full-year \$920.00 (for 2013/2014)**
You are starting employment and a module between April 1, 2013, and September 30, 2013, OR
You are starting a module between April 1, 2013, and September 30, 2013, and you are starting employment on or before March 31, 2013, but want the experience recognized only from April 1, 2013, onwards.
- Registration fee of \$370.00, half-year \$460.00 (for 2013/2014)**
You are registered in a CASB approved co-operative work study program or as a summer student and you are starting CASB Module 1 in May 2013. Information for students intending to start the CPA program in Fall 2013 will be available from the CPA profession in the spring.

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Payment Information

We cannot process forms without the registration fee. Note: CASB does not collect GST.

Payment method:	<input type="checkbox"/> Visa	Card type:	Total enclosed:
<input type="checkbox"/> Cheque (attach to form)	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Employer	Initial registration fee:
	<input type="checkbox"/> American Express	<input type="checkbox"/> Personal	<input type="checkbox"/> \$350.00 (2012/2013), OR
Card number	Expiry date (mm/yy)		<input type="checkbox"/> \$370.00 (2013/2014)
Name as it appears on card	Card holder signature		Annual dues:
			<input type="checkbox"/> \$1360.00 (half- and full-year)
			<input type="checkbox"/> \$920.00 (full-year)
			<input type="checkbox"/> \$460.00 (half-year)

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Background Information

Previous Registrations
Have you ever previously been, or are you currently, registered as a student of CASB or a provincial Institute of Chartered Accountants?

Yes
 No

If yes: Please provide details of the registration and chargeable hours and the months of experience previously accumulated. A copy of the provincial Institute experience confirmation form will satisfy this requirement.

Registration period	Provincial Institute	CA Training Office	City
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Citizenship Status (select one)

Canadian citizen
 Legally permitted to work or study in Canada
 Other (please provide additional information on a separate sheet)

9 Background Information (continued)

The following questions are provincial legislative requirements to establish that an applicant has good character and reputation.

If the answer is **yes** to any question below, contact CASB Student & Support Services for information on the additional details and documents that must be provided.

- a) While registered as a student or member of any Accountants' Institute, Association, Society or College have you ever:
 - i) had a finding of unprofessional conduct against you through the discipline process of that organization? Yes No
 - ii) been removed involuntarily from the register of that organization? Yes No
- b) Have you ever made an assignment in bankruptcy, been declared bankrupt or taken the benefit of any statutory provision for insolvent debtors? Yes No
- c) Have you ever been convicted of a criminal offence of any country? Yes No
- d) At present, do you have any charges outstanding under the criminal law in any country? Yes No
- e) Have you ever been found guilty of breaching a section of securities regulatory authority legislation? Yes No
- f) Have you ever been found guilty of an academic rules infraction at any post-secondary educational institution? Yes No

10 Applicant Declaration

Declare the Western provincial/territorial Institute under which you will be governed, i.e. Alberta, British Columbia, Manitoba, Saskatchewan, Northwest Territories, Nunavut, or Yukon. You may choose to change your province of governance in the future by providing written notification to Student & Support Services.

I hereby apply for registration as a student of the Institute of Chartered Accountants of _____ and the CA School of Business.

I do solemnly declare that:

- a) All information given herein is true, to the best of my knowledge and belief.
- b) It is my desire to qualify in due course for admission to membership in a provincial Institute of Chartered Accountants.
- c) I agree to comply with the provisions of the Regulated Accounting Profession Act (RAPA) of Alberta, or the Chartered Accountants Act of BC, Manitoba, Saskatchewan, Northwest Territories, Nunavut, or Yukon; and with the Regulations, Bylaws and Rules of Professional Conduct as prescribed from time to time by the council of the above-declared Institute.
- d) I agree to comply with the policies and guidelines of the CA School of Business as prescribed by the Board of Directors of the School.
- e) I authorize the CA School of Business to obtain such information concerning my education, training, experience and background as required to determine my eligibility for registration as a student in the CA School of Business.
- f) I understand that my academic results and any other pertinent information pertaining to my standing with CASB will be released to my CA Training Office employer and/or the Institute. I agree to the publication of my name if successful on the Uniform Evaluation.
- g) I understand that module and/or evaluation access or the release of my academic results may be denied if registration item(s) are outstanding.
- h) I understand that all materials related to CASB Modules and Uniform Evaluation are the property of the CA School of Business.
- i) I understand that I will be required to have access to a PC laptop computer that meets CASB's minimum hardware and software requirements for use in all modules.

In the event that while registered as a student, I am able to practice public accounting under conditions established by my provincial Institute, I agree to obtain the necessary permission and comply with all of the bylaws, rules and guidelines of the Institute as if I were a recognized CA practicing public accounting.

Applicant signature	Date
I am submitting a spring 2013 Module 1 application form.	<input type="checkbox"/> Yes <input type="checkbox"/> No

11	Employer Sponsorship
<p>This section is to be completed by the applicant's employer.</p> <p>I sponsor this applicant for the purpose of admission into the CA School of Business and as part of that sponsorship undertake to employ the applicant full-time/part-time (circle one) in my office:</p> <p>a) Starting _____(mm/dd/yyyy) <u>OR</u></p> <p>b) Subject to an unconditional offer of employment in the office, said employment to start on a full-time/part-time (circle one) basis starting _____(mm/dd/yyyy)</p> <p>I recommend the above named student as being of good moral character to be registered by CASB as a student. I assume responsibility for providing the student with the opportunity to participate in our CA Training Program, which is approved by the Institute of Chartered Accountants of _____, and for providing the student with appropriate supervision, as long as their performance is satisfactory and their services are required in accordance with the bylaws and regulations of the Institute of Chartered Accountants of _____.</p>	
Training Principal name (please print)	Training Principal signature
Title (please print)	

12 To be completed by CASB		
Student number	Date application for registration approved	CASB authorization

Protection of Privacy - Every effort is made to protect personal information. The personal information requested on this form is collected under applicable federal and provincial legislation and the CA School of Business' policies and guidelines on data management, data access and data use. Information collected relates directly to and is necessary to meet CASB's mandate and responsibilities. It may be used for: admission, registration, academic evaluation, income tax receipts, student dues, convocation, communication with your employer, distribution of educational material and information, statistics, research and other operational activities. Direct any questions about data collection and use to: Director, Student Services, 301, 1253 91 Street SW/Edmonton, AB/T6X 1E9, email - generalregistrations@casb.com, phone - 1 866 420.2350 or local - 780 420.2350.