# 2011 / 2012 APPLICATION FOR ENROLMENT (New Students Only)

Canadian International Training Education Corp
CGA Programs Unit
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Vancouver, BC Canada, V6C 3P6
T: 604 630-9783 / F: 604 637-9616
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## PERSONAL INFORMATION

| | | |
|---|---|---|
| Mr □ Mrs □ Ms□ Miss□ | First (Given) Name | Middle Initial |
| Preferred Mailing/Delivery Address | Home □ | Business □ |
| Home Address | | |
| | | |
| City/Province | Country/Postal Code | |
| Tel | Fax | |
| Preferred E-mail | | |

## EMPLOYMENT INFORMATION

| | |
|---|---|
| Surname (Family) Name | Birthday – month/day/year |
| Company Name | Position |
| Work Address | |
| | |
| City/Province | Country/Postal Code |
| Tel | Fax |
| Alternate E-mail | |

## PREVIOUS EDUCATION

| Name of University / College / Institution | Location: City/Country | Attended From Year/Month | Attended To Year/Month | Name of Degree/Diploma/Designation (leave blank if program is incomplete) |
|---|---|---|---|---|
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## COURSE SELECTION AND FEES *(based on availability – see Fee / Course / Exam Schedules)*

| Course Name | Code | Session 1,2,3,4 | Fees - C$ |
|---|---|---|---|
| Advanced Management Accounting ($990) | MA2 | | |
| Financial Accounting ($990) | FA4 | | |
| Accounting Theory & Contemporary Issues ($990) | AT1 | | |
| External Auditing ($990) | AU1 | | |
| Public Practice Audit Case ($400) – includes CaseWare | BC2 | | |
| Personal & Corporate Taxation ($1090) – includes Cantax | TX1 | | |
| Advanced Corporate Finance ($1090) | FN2 | | |
| Information Systems Strategy ($1150) | MS2 | | |
| Internal Auditing Control ($1090) – includes ACL | MU1 | | |
| Advanced External Auditing ($1090) – includes ACL | AU2 | | |
| Issues in Professional Practice ($1385) | PA1 | | |
| Strategic Financial Management ($1385) | PA2 | | |
| Basic Tuition Fee or Inactive Status Fee (see fee schedule) | BTF | | |
| Transfer Credit Fee ($50 each – maximum $300) | TCF | | |
| Other Fees (see schedule and specify) | | | |
| **TOTAL payable to CGA-Canada** | | | **C$** |

## OFFICE USE ONLY

| CGA STUDENT ID | |
|---|---|
| Transfer Credits | Institute |
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| Material Code | Date Shipped |
| | |
| | |
| | |
| Receipt # | |
| Paid C$ | Refund C$ |
| Owes C$ | Credit C$ |

**Enrolment Deadlines:** *Session 1* – August 15/2011 ~ ~ ~ *Session 2* – November 14/2011 ~ ~ ~ *Session 3* – February 17/2012 ~ ~ ~ *Session 4* – May 14/2012

Declaration

I acknowledge and certified that I,

1. have not been convicted of a criminal offence subsequent to my application for admission;
2. have not had any disciplinary action commenced against me, or been censured, suspended or disqualified of membership of any professional association;
3. have not been denied, or had revoked, a license or permit whose procurement required proof of good character;
4. have not been refused registration as a student, an accountant or similar position in any professional association or body in any jurisdiction;
5. have not declared bankruptcy within the past 7 years;
6. agree to read and strictly comply with and be bound by the Bylaws, Code of Ethical Principles and Rules of Conduct, and policies of the CGA Association. I acknowledge that I have access to these regulations through the CGA Canada website and will monitor it for any changes that may occur from time to time. I understand that any breach of these rules and regulations could make me liable to disciplinary action under these regulations;
7. agree to read and strictly comply with and be bound by all student regulations found within the Student Handbook. I also agree to keep appraised and adhere to policies or procedures that may be circulated by the Association from time to time. I understand that any violation of these rules and regulations could make me liable to disciplinary action under these regulations, including expulsion from the program;
8. understand that any falsification on this form or falsification of supporting documents is grounds for expulsion from the CGA Program.

The information provided in this form will be subject to the provisions of the Freedom of Information and Protection of Privacy act of British Columbia

Signature: _____ Date: _____

**PAYMENT OF FEES -** I authorize CGA to charge **C$** _____

To my VISA ☐ MasterCard ☐ Card Number _____

Expiry Date (mm/yy) _____ Cardholder Name/Signature _____