

# Application for Advanced Standing



Mail to:  
Certified General Accountants Association Northwest Territories/Nunavut  
5016 50th Avenue, Box 128, Yellowknife NT X1A 2N1  
Tel: (867) 873-5620 or 1-888-633-3221  
Fax: (867) 873-4469

For first time registrants only.  
Please submit before completing  
Application for Enrolment.

This form is to be completed by first time registrants only. Current or previous students in the CGA program should contact the Association to apply for transfer credits. Do not use this form.

Please submit all supporting documents with this application by: August 12, 2010 (Fall) October 14, 2010 (Winter)  
January 27, 2011 (Spring)

1. You must arrange for two official sealed transcripts to be forwarded directly from post-secondary institutions. If transcripts are under a different name, attach proof of name change to this application. Work experience and secondary school courses do not qualify for advanced standing.
2. If you are seeking advanced standing (transfer credits) for courses completed outside of Canada, please submit, in addition to official transcripts, official course outlines (syllabus). The Association may request an evaluation report of these documents from a Canadian university. Original foreign documents will be returned by regular mail if photocopies are provided. The Association is not responsible for documents lost in transit.

## Personal Information Please print or type.

Mr.  Mrs.  Miss  Ms. Date of Birth M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Usual Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Apt. # \_\_\_\_\_ Street \_\_\_\_\_

City & Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Business Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Have you ever enrolled previously with CGA or written an examination as a temporary student?  Yes  No

If yes, indicate CGA ID# \_\_\_\_\_

Are you a resident of NWT/Nunavut?  Yes  No

## Education

Community College  University  Professional Organization

List Institutions from which official sealed transcripts or other official documents are being forwarded.

| (Relating to advanced standing) | Degree/Diploma Completed | Date Awarded |
|---------------------------------|--------------------------|--------------|
| _____                           | _____                    | _____        |
| _____                           | _____                    | _____        |
| _____                           | _____                    | _____        |
| _____                           | _____                    | _____        |

## Fee Payable

\$93 non-refundable

Cheque  Employer's Cheque  Money Order  Visa  MasterCard

Card Number \_\_\_\_\_ Expiry Date (m/y) \_\_\_\_\_

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

Please do not write in shaded areas. ID# \_\_\_\_\_ Card Authorization \_\_\_\_\_

