



I, (family name/given name/middle initial) _____ **HEREBY REQUEST THAT THE CERTIFIED GENERAL ACCOUNTANTS ASSOCIATION OF _____ TRANSFER MY RECORDS TO THE CERTIFIED GENERAL ACCOUNTANTS ASSOCIATION OF _____**

Current Student ID _____ **Last academic year registered** _____

PERSONAL INFORMATION

Date of Birth M ____ D ____ Y ____ Mr Mrs Miss Ms Dr

Surname/Family Name _____ First/Given Name _____ Middle Initial _____

Preferred Name _____ Former Surname(s) _____

Current Home Address _____ City _____

Province/Region _____ Country _____ Postal Code _____

Telephone _____ Mobile _____ Fax _____

E-mail _____ This is my preferred E-mail

Previous Home Address _____ City _____

Province/Region _____ Country _____ Postal Code _____

EMPLOYMENT INFORMATION

Employer _____

Position _____ Type of Industry (e.g., commerce, manufacture, etc.) _____

Employer's Address _____ City _____

Province/Region _____ Country _____ Postal Code _____

Telephone _____ Extension _____ Fax _____

E-mail _____ This is my preferred E-mail

ADDITIONAL REQUIRED INFORMATION

Preferred Mailing Address Home Work Citizenship(s) other than Canadian _____

Citizenship Status of International Applicants Transferring to Canada Canadian Citizen Permanent Resident Student Visa Work Visa
(please attach copies of supporting documents)

Professional Designations / University Degree Completed _____ Name of Institution _____

CGA has my Degree Transcripts Yes No Integrated Partner Degree / Laurentian SAIT Partner Student ID _____

Date of Application _____ **Applicant's Signature** _____

OFFICE USE ONLY

ORIGINATING AFFILIATE ASSOCIATION INFORMATION / TRANSFER FROM:			STUDENT ID
First academic year registered	Last academic year registered	Number of re-admissions to CGA	Number of exemptions at admission
Time limit to complete program (e.g., 2010/2011)	Which years were non-active, if any	Are the non-active years included in the indicated time limit Yes <input type="checkbox"/> No <input type="checkbox"/>	Program Code
Degree requirement satisfied Yes <input type="checkbox"/> No <input type="checkbox"/>	Practical experience requirement met Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when	Academic integrity policy violation(s) Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes, attach details	Appeal conditions Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes, attach details
Grade outstanding Yes <input type="checkbox"/> No <input type="checkbox"/> - Course	Carryover def/ sup fees paid Yes <input type="checkbox"/> No <input type="checkbox"/> - Course	Other comments	
Processed by	E-mail	Date	

DESTINATION AFFILIATE ASSOCIATION / TRANSFER TO:		STUDENT ID
Processed by	E-mail	Date

Distribution: 1. Student sends a filled out form to originating association 2. Originating association fills out respective portion, keeps a copy, sends the original with the file to the destination association
3. Destination association assigns a new student ID if required and co-signs the form 4. Both originating and destination associations process the transfer on the **Affiliate Transfer System**