

# Indiana

## Certificate of Enrollment

If you have not yet met the education requirements for this state, but are currently enrolled in an academic program at a U.S. college or university, you may still apply to sit for the Uniform CPA Examination. All required courses and degrees must be completed before you sit for any section of the examination. In conjunction with your application for the Uniform CPA Examination, this form must be submitted directly to CPA Examination Services from the academic institution (along with an official transcript). CPA Examination Services must receive a final official transcript documenting successful completion of the education listed below no later than 60 days immediately following the end of the window in which you sit for the Examination. You will not be permitted to submit a new application to retake failed sections or to sit for new sections until your final official transcript has been received.

### Part 1 - To be completed by the candidate:

(After completing Part 1, submit this form to the registrar of the academic institution where your degree is being pursued.):

1. Applicant's Name: \_\_\_\_\_  
First M. I. Last

2. Date of Birth: \_\_\_\_\_ 3. Jurisdiction ID: \_\_\_\_\_  
mm/dd/yyyy Available from your user account at CPA Central after your application has been submitted.

4. I understand that I must complete my education prior to sitting for any section of the examination. Failure to meet this deadline will result in my scores (including conditional credit) being voided. I further understand that I will be required to submit a final official transcript documenting successful completion of the courses and/or degree listed below no later than 60 days immediately following the end of the window in which I sit for the Examination and that I will not be permitted to submit a new application to retake failed sections or to sit for new sections until my final official transcript has been received.

\_\_\_\_\_  
Date Applicant's Signature

5. Name of academic institution: \_\_\_\_\_

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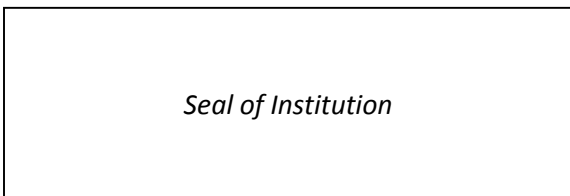
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### Part 2- To be completed and mailed by the registrar of the academic institution:

1. Courses in which the candidate is currently enrolled:

Course Name	Course Number	Number of Credit Hours	Anticipated Completion Date mm/dd/yyyy

2. Degree to be conferred: \_\_\_\_\_  
Type (BS, BA, MBA, etc) Major Expected Graduation Date



\_\_\_\_\_  
Signature of Dean or Registrar Title

\_\_\_\_\_  
Date

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