Michigan

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 qualify to sit for the Uniform CPA Examination. All required courses and degrees must be completed no later than 60 days following the date you sit for your first 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. Although you may be permitted to submit a new application to retake failed sections or to sit for new sections before your final official transcript has been received, if you pass the examination, your Successful Candidate letter will not be released until your 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 within 60 days of the date I sit for my first 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.

_____ _____
Date Applicant's Signature

5. Name of academic institution: _____

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

Seal of Institution

_____
Signature of Dean or Registrar Title

_____
Date

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