Kansas

Certificate of Enrollment

Applicants may sit for the first section of the Uniform CPA Examination (Exam) up to 60 days before meeting the education requirements. The applicant is required to submit final official transcripts and any documents verifying completion of the education requirements to CPA Examination Services by certified mail, return receipt requested within 120 days after the applicant has taken the first section of the Exam. Should the CPA Examination Services fail to receive the required documentation within 120 days of the applicant taking the first section of the Exam, the Board may void the applicant's scores, subject to notice and an opportunity for a hearing before the Board. In conjunction with your application for the Exam, and in addition to a current official transcript, this form must be submitted directly to CPA Examination Services from the academic institution to document your in-progress education.

			where your degree is being pursu		
			ILast		
2. Date of Birth:		3. Jurisdic	ction ID: from your user account at CPA Ce		
	mm/dd/yyyy	Available 1	from your user account at CPA Ce	ntral after your applica	ation has been submitted
			llowing the date I sit for my fi		
•	•	· ·	ing voided by the Kansas Boar	•	
·			ssful completion of the course sted, after I have taken the firs		
zammaton services within	1 120 days by certified i	man, recarrired experieques	stea, after thave taken the me	A Section of the Exa	
		Applicant's Signature			_
Jule	,	tpplicalit 3 Signature			
5. Name of academic i	nstitution:				
Part 2- To be complete	ed and mailed by t	the registrar of the ac	cademic institution:		
1 Courses inbish +b.		- m + l			
1. Courses in which the	e candidate is curre	entiy enrolled:			Anticipated
Course Name			Course Number	Number of Credit Hours	Completion Date mm/dd/yyyy
	course rume		course reamser	Createriours	, au, ,,,,,
_					
2. Degree to be confer	red:				
O		BA, MBA, etc)	 1ajor	Expected Gradua	ation Date
Signature of Dean			or Registrar	gistrar Title	
Seal of Institution		——————————————————————————————————————			

RETURN THIS FORM TO: CPA Examination Services – KS

P.O. Box 198469

Nashville, TN 37219-8469