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.

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 no later than 60 days following the date I sit for my first section of the examination. Failure to meet this deadline may result in my scores (including conditional credit) being voided by the Kansas Board of Accountancy. 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 to CPA Examination Services within 120 days by certified mail, return receipt requested, after I have taken the first section of the Exam.

___________________________________________________________
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:

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Number of Credit Hours</th>
<th>Anticipated Completion Date mm/dd/yyyy</th>
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2. Degree to be conferred:

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<tr>
<th>Type (BS, BA, MBA, etc)</th>
<th>Major</th>
<th>Expected Graduation Date</th>
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Signature of Dean or Registrar __________________________ Title __________________________

Date __________________________

Seal of Institution

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