

Colorado

Dual Degree Enrollment Verification

This form must only be completed if you will earn a bachelor's degree together with a Master's degree.

Effective 9/1/2016

Part 1 - To be completed by the candidate:

(After completing Part 1, submit this form to an approved representative 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. Name of academic institution: _____

Part 2- To be completed and mailed by a college or university representative:

1. Name and description of program: _____

2. Expected degree: _____
Type (BS, BA, MBA, etc) Major Expected Graduation Date

3. Will the candidate be providing proof of education to meet the requirements of Chapter 2.4 of the Colorado State Board of Accountancy's Rules? Yes No

By signing this document, I certify that the information contained herein is true and correct to the best of my knowledge.

Signature of college or university representative

Date

Title (choose one):

- Chair of Accounting Department
- Professor of Accounting Department
- Registrar of College or University
- Dean of College or University

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