

Massachusetts

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 (Exam). In conjunction with your application for the Exam, this form must be submitted directly to CPA Examination Services from your 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 90 days immediately following the date you sit for your first section of the Exam. 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. This form is only valid for the Exam education requirements and cannot be used for the licensure education requirements.

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. Courses in which you are currently enrolled:

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

5. Degree to be conferred: _____
Type (BS, BA, MBA, etc) Major Expected Graduation Date

Name of academic institution Signature of Authorized Official of the Institution

I understand that I must complete my education within 90 days of 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 90 days following the date 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

State of _____ County of _____

On this _____ day of _____, 20 _____. Before me personally appears _____ well known to me to be the person making this application and who, after being duly sworn, deposes and says the statements made therein are true and correct, to the best of his/her knowledge and belief.

My Commission expires: _____ Notary Public _____

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

