MINNESOTA CERTIFICATE OF ENROLLMENT

Applicants who are currently enrolled in school and do not currently have the required education to apply for the Uniform CPA Examination, are required to submit this form to apply to take the Uniform CPA Examination. This form must be completed and signed by the applicant and academic institution. Official transcripts and COE can be submitted by applicant. Applicants are advised that the Notice to Schedule (NTS) will not be issued until at least 90 days prior to the anticipated degree graduation date as stated below.

1. Ap	plicant Name:	First	M. I.		Last	
			141. 1.		Last	
2. Ma	ailing Address:	City	State		Zip code	
3. Da	te of Birth:		4	4. Social Security Number:		
more after to complete the Notest under the more after the model of th	than 90 days prior taking any part of the letion of all education tice to Schedule (Notated that if I do not be stand that I do not be stand	to the stated antic he examination; a on, including degr VTS) will not be is t take any part of t	ipated graduation date.; nd (3) I fail to submit to ee conferral within 150 of sued until 90 days prior t	(2) I fail to CPA Extend the CPA Extended the the antice of taken the antice of the control of t	o complete all education ramination Services the fin king any part of the examination of the examination of the examination of the stated anticipated	requirements within 120 day al official transcript showing nation. I also understand that date as stated below. I furthe degree graduation date, that
				Applicant Signature		
6. Na	me, address and to	elephone number	of educational institut	ion:		
Part :	2- TO BE COMI	PLETED and ma	uiled BY registrar of ac	ademic i	nstitution:	
1. Co	urses in subjects i	n which the cand	lidate is currently enrol	led.		
	COURSE NAME		COURSE NU	COURSE NUMBER		ANTICIPATED DATE FOR COMPLETION
(1)					- <u></u> -	
(2)						
(3)						
2. De	gree (BS, MBA, e	etc.) to be confer	red:	3. Th	e expected graduation da	ate is
	Seal of Institution OR			Signature of Dean or Registrar Title		
	0.	R		Title		

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