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.

| Par | rt 1 - To be completed by | y the candidate: | | | | | | |
|---------------------|---|--|--|---|------------------------------|--|---|--|
| 1. | Applicant's Name: | | | | | | | |
| | First | | | Middle | | Last | | |
| 2. | Date of Birth: | | | ID: | | | <u> </u> | |
| | mm | /dd/yyyy | Only available at | ter completely submittin | ng an online | application thro | ough CPA Central. | |
| Par | rt 2 - To be completed ar | - | _ | cademic institution | | | | |
| 1. | Courses in which you ar | | | | Т | . , , | | |
| _ | Course Name | | | | Course Number | Number of Number of Credit Hours | Anticipated Completion Date mm/dd/yyyy | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2. | Degree to be conferred: | : | | | | | | |
| | Type (BS, BA, MBA, etc.) Major | | | | Expected Graduation Date | | | |
| Nar | me of Academic Institution | | | Signature of Authoriz | ed Official o | of the Institution | l | |
| Pa | rt 3 – Notarization | | | | | | | |
| resu doc that | nderstand that I must complete ult in my scores (including con- cumenting successful completi t I will not be permitted to sub eived. | ditional credit) being on of the courses and | voided. I further unde d/or degree listed belo | erstand that I will be req ow no later than 90 days | uired to sub following tl | omit a final offici ne date I sit for t | al transcript the examination and | |
| Apr | licant's Signature | | | | Date | | | |
| Sta | te of | | County of | | | | on this | |
| | / of | | | | | | - · · · · · · · · · · · · · · · · · · · | |
| Pos | itively identified to me to be tl | he person making this | is CPA Examination Ap | plication and who, after | being duly | sworn, deposes | and says the | |
| Not | tary Public's Signature | | | My Commission Expires on | | | | |
| | | it mu. | RETURN THIS <u>CPAExam@n</u> (If the form is completed with set be visible on the electronic ve OR CPA Examination 1 P.O. Box 1 | asba.org h a seal or embossing, rsion to be considered official.) Services — MA | N | lotary Seal or | Stamp | |

Nashville, TN 37219-8469