Missouri

Dual Degree Enrollment Verification

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

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 Name Middle Name Last Name

2.Date of Birth: _____ 3. National Candidate ID: _____
mm/dd/yyyy On your CPA Portal Homepage, click your name, select My Info, it is listed under the CPA Portal Information.

4.Name of academic institution: _____

Part 2- To be completed 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 20 CSR 2010-2.061 of the Missouri 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

This form must be uploaded as part of your Education Evaluation Application through your CPA Portal.
(If the form is completed with a seal or embossing, it must be visible on the electronic version to be considered official.)

If you are submitting this form AFTER you have already submitted your online application, you can email the form to:
etranscript@nasba.org