

APPLICATION FOR ADMISSION TO THE CERTIFICATE IN ACCOUNTANCY PROGRAM

Deadline: April 15 for fall admission



DEPARTMENT OF ACCOUNTANCY
University of Illinois
360 Wohlers Hall, MC 706
1206 South Sixth Street
Champaign, IL 61820

Full legal name _____
(please print) Last First Middle

Permanent address _____
_____ Telephone _____

Campus address _____
_____ Telephone _____

University UIN Number _____ Male Female

Year for which you are applying _____ Email address _____

UIUC College in which enrolled _____ Declared undergraduate major _____

Expected date of UIUC baccalaureate award _____ Total credit hours by end of current term _____

Accountancy Courses Taken at UIUC	Instructor	Term Taken	Grade
ACCY 301 Accounting Measurement & Disclosure	_____	_____	_____
ACCY 302 Decision Making for Accountancy	_____	_____	_____
ACCY 303 Accounting Institutions & Regulation	_____	_____	_____
ACCY 304 Accounting Control Systems	_____	_____	_____
ACCY 405 Assurance & Attestation	_____	_____	_____
ACCY 312 Principles of Taxation	_____	_____	_____
Other (specify) _____	_____	_____	_____

Two Academic References	
Name	Address

(Optional) I hereby waive whatever rights of access I may have to confidential recommendations from the above references as provided in the Family Educational Rights and Privacy Act.

Applicant's signature _____ Date _____

I understand that withholding pertinent information requested on this application or giving false information will make me ineligible for admission to the Certificate in Accountancy Program or subject to dismissal. With this in mind, I certify that the statements are correct and complete as described above.

SIGNATURE _____ Date _____