Quick Application

MS Tax Program in Chicago

University of Illinois at Urbana-Champaign
Illini Center, Fourth Floor
200 S. Wacker Drive
Chicago, IL 60606

Info: (312) 575-0909
Fax: (312) 575-7909
www.MastersinTax.com

Master of Science in Accountancy with a Specialization in Taxation

Step 1: Fill out this form and mail or fax it to the above address.

Step 2: Request the following documentation be sent directly to the above address.
❑ Official copies of all transcripts ❑ Sponsorship Letter ❑ 2 Letters of Reference

Applying for classes starting in May 20___ (Year)

Full Legal Name:_____
(Please Print) Last First Middle

Home Address: _____

Home Telephone: _____ Home E-mail: _____

Current Employer: _____

Work Address: _____

Work Telephone: _____ Work E-mail: _____

Professional work experience *(Please list most recent first; resume may be submitted instead)*:

Employer	Dates	Position and Primary Duties*

*Briefly describe the nature and extent of your taxation experience, where applicable.

Educational experience (*Please list even though you are submitting transcripts*)*:*

University/College/Organization	Dates attended	Degree/Program

List business and professional memberships, including offices held: _____

_____

Continue on Back> >

Educational Goals and Objectives (Please be complete; attach additional pages as required):
You should also convey how you believe this program will influence and further your career objectives.

Your Native Language: ❑ English ❑ Other (indicate): _____
If other, please indicate the number of continuous years out of the past five you have worked or studied in an environment where English is the primary language: ____ years.

Has your employer agreed to sponsor your participation in the is program? ❑ Yes ❑ No ❑ Pending
(i.e., agreed to the necessary release time from work)

I certify that all information in this application is true and complete and I am the author of my Educational Goals and Objectives statement. I understand that the University of Illinois may verify any information I have provided. Falsification or omission of information and credentials may result in the withdrawal of my application or in the revocation of admissions, financial award, or registration. I understand all credentials I submit become the property of the University of Illinois.

Signature: _____ Date: _____

Print Name: _____

Marketing Feedback
Please indicate how you became aware of the MS Tax Program at ILLINOIS (check all that apply):

- ❑ The Wall Street Journal
- ❑ Crain's
- ❑ US Mail
- ❑ Elevator advertisement
- ❑ Information Session
- ❑ MS Tax E-mail
- ❑ MS Tax Website
- ❑ Current MS Tax student: _____
- ❑ Contact with Illinois alumni: _____
- ❑ Other: _____

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