

## REGISTRATION: UNIFORM EVALUATION (UFE) SPRING 2015

Use this form to register for the 2015 UFE (June 2, 3 & 4, 2015).

Registrations are accepted between December 8, 2014 and February 16, 2015.

Send completed form and payment information by EMAIL to [moduleregistration@casb.com](mailto:moduleregistration@casb.com) or MAIL to CA School of Business Student & Support Services/301, 1253 91 Street SW/ Edmonton, AB/T6X 1E9.

**PRINT in capital letters or CLICK in the box to type.**

1 Personal information			
<b>Complete all sections.</b> We cannot process incomplete applications.			
Student name			CASB student number
First	Middle	Last	
Personal email		Business email	
Employer information		Birth date (mm/dd/yyyy)	Phone number
Employer name	Employer city		

2 UFE location (June 2, 3 & 4, 2015)
<b>Choose where you would like to write the UFE.</b> A list of specific UFE locations will be posted to <a href="http://www.casb.com">www.casb.com</a> two weeks before the UFE. You will need to use a PC laptop ( <b>no Macs</b> ) to write the UFE.

3 UFE Wait list information (for applications submitted after February 16, 2015)
<b>Complete this section if you have missed the registration deadline</b> and would like to be placed on the wait list. Submit the form by email and include payment information for the non-refundable wait list fee (\$300) and the UFE fee (\$1330). Choose your preferred locations.
UFE Location
1)
2)
3)

4 Payment information			
<b>We cannot process forms without payment.</b> Note: CASB does not collect GST.			
Payment method <input type="checkbox"/> Cheque (attach to form)	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Card type: <input type="checkbox"/> Employer <input type="checkbox"/> Personal	Total enclosed <input type="checkbox"/> \$1330.00 (registration fee) <input type="checkbox"/> \$300.00 (wait list fee)
Card number		Expiry date (mm/yy)	\$
Name as it appears on card	Card holder signature		

**Remember to complete the UFE Candidate Declaration on Page 3**

5 Withdrawal and cancellation information	
<b>If you want to WITHDRAW, email your request to <a href="mailto:moduleregistration@casb.com">moduleregistration@casb.com</a>.</b>	
Deferrals and withdrawals are subject to the fees noted below. All fees are set out in the 2014/15 administrative fee schedule.	
DEADLINE	WITHDRAWAL PENALTY
On or before May 12	\$399.00
May 13 - June 1	\$665.00
After June 1	No refund and counts as an attempt

Protection of Privacy - Every effort is made to protect personal information. The personal information requested on this form is collected under applicable federal and provincial legislation and the CA School of Business' policies and guidelines on data management, data access and data use. Information collected relates directly to and is necessary to meet CASB's mandate and responsibilities. It may be used for: admission, registration, academic evaluation, income tax receipts, student dues, convocation, communication with your employer, distribution of educational material and information, statistics, research and other operational activities. Direct any questions about data collection and use to: Director, Student Services/301, 1253 91 Street SW/Edmonton, AB/T6X 1E9, email - [generalregistrations@casb.com](mailto:generalregistrations@casb.com), phone - 1 866 420.2350 or local - 780 420.2350.

6

## Complete 2015 UFE Candidate Declaration

### **This declaration must be completed by all 2015 Uniform Evaluation Candidates**

I, the 2015 UFE Candidate, agree to abide by the Uniform Evaluation rules, available on [www.cica.ca](http://www.cica.ca). I understand that all response papers related to the 2015 Uniform Evaluation are the property of the CICA. I understand that if CASB's records show that I am employed with a CA Training Office, that my office will receive my results. It is my responsibility to inform CASB of changes to my employment.

If I am successful on the UFE, I agree to my name and the name of the city I live and/or work in being published online and in newspapers. I also agree to the distribution of my name to the university from which I graduated.

Are you currently employed with a CA Training Office?  Yes  No

If I responded "Yes" to the question above, I understand that I am required to provide my employer name and mailing address along with my personal address.

#### **Employer Information**

Employer name

Employer address

Employer city

Province

Postal Code

#### **Personal Information**

Address

City

Province

Postal Code

I understand that any changes to the declaration must be submitted via email to **[moduleregistration@casb.com](mailto:moduleregistration@casb.com)** and that no changes will be accepted after June 4, 2015.

Printed full name of candidate

CASB student ID

Signature of candidate

Date

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