

CA School of Business - Student & Support Services

301, 1253 91 Street SW, Edmonton, AB T6X 1E9

Tel: 780 420.2350 Fax: 780 424.8041 Toll Free: 1 866 420.2350

www.casb.com

STUDENT REGISTRATION APPLICATION 2010/2011

REGISTRATION CATEGORY

- REGISTRATION CATEGORY University Degree Co-op Undergrad/Summer Employment
 CMA/CGA/ACIA MPAcc Mature Student
 Foreign Designation Senior Practitioner

EXPERIENCE ROUTE

Expanded Experience Route (Corporation/Public Sector/Public Practice – Non-Assurance)

Assurance-based Public Practice Route

BRITISH COLUMBIA APPLICANTS ONLY: If you have selected the Assurance-based Public Practice Route choose one of the following categories:

- Review Practicing Certificate
 Audit Practicing Certificate

DEMOGRAPHIC INFORMATION

Legal Name: _____ Date of Birth: () () ()
(Print) First Middle Last mm dd yy

Preferred (Known as) Name: _____ Female Male Employment Start Date: () () ()
mm dd yy

Home Information:

Street Address: _____ City: _____
Province: _____ Postal Code: _____
Phone Number: _____ Cell Phone Number: _____
Home Email: _____

Business Information:

Employer: _____ Department: _____
Street Address: _____ City: _____
Province: _____ Postal Code: _____
Office Phone Number: _____ Direct Line: _____
Business Email: _____

Preferred Mailing Address: Home Business Preferred Email Address: Home Business

Please note that communications will be sent by email whenever possible. **An email address is required.**

POST-SECONDARY EDUCATION/OTHER ACCOUNTING DESIGNATIONS

Have you previously requested CASB to complete a transcript assessment for you? Yes Date: _____ No

All students must provide transcripts and these are to be issued directly to the CA School of Business. If an official transcript is currently not available, enclose a copy of the most recent transcript. For university degree and MPAcc students, ensure an official transcript is forwarded after convocation that shows receipt of degree.

Official transcripts of all post-secondary education listed below are:

- Enclosed in unopened university/institution envelope Previously forwarded Arrangements in process to have sent directly by university/institution

Universities/Colleges

Degree(s)/Diploma(s)	Institutions (university/college)	Province/Country	Month/Yr of Convocation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other professional accounting designations/memberships

Institute, Association, Society Name	Year Qualified	Designation	Country	Status of Membership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER REQUIREMENTS

Attach, with paper clip, recent passport photos (passport photos only-2 photos required). Employer partner or Notary to sign back of photo to verify likeness to applicant: enclosed being sent under separate cover

MATURE STUDENT APPLICANTS

Graduate Management Admission Test (GMAT) - (minimum score required is 550). Must be received at time of registration.

GMAT Score: _____ Year written: _____

An official transcript of GMAT score must be sent directly to CASB, check one:

- has been requested previously forwarded

Documentation required: for 5 year experience requirement – detailed resume of prior work experience, post-secondary transcripts, and two letters of reference.

INITIAL REGISTRATION FEE AND ANNUAL STUDENT DUES

Initial Registration Fee (one-time fee)

- \$350.00 **Payment must accompany Registration Form**

Annual Dues (2010/11)

- Full-year \$880.00 **If registering and/or commencing employment between April 1, 2010 and September 30, 2010**
- Half-year \$440.00 **If registering and/or commencing employment between October 1, 2010 and March 31, 2011**
- Co-op/Summer Student** – A student registered in an approved co-operative work study program or as a summer student will pay half-year dues \$440.00

▶ For applications submitted **between February 1 and March 15, 2010** with an employment date commencing on or after **April 1, 2010, 2010/11** annual dues will be invoiced by April 1, 2010.
 ▶ Annual dues must accompany all registration forms submitted after March 15, 2010.
 ▶ Student dues are non-refundable.

CASB does not collect GST

PAYMENT OPTIONS

Method of payment:

 Cheque Visa MasterCard American Express

Total Enclosed: _____

Credit Card Holder: _____ (Select one: Employer's Card Personal Card)

Credit Card #: _____

Expiry Date: ____/____/____ Credit Card Security Code**: _____

Signature of Card Holder: _____

** The Card Security Code is located on the back of MasterCard and Visa credit or debit cards and is typically a separate group of three digits to the right of the signature strip. On American Express cards, the Card Security Code is a **printed** (NOT embossed) group of four digits on the front of the card towards the right. Payment information received without the Security Code will not be processed.

BACKGROUND INFORMATION**Previous Registrations**

Have you ever previously been, or are you currently, registered as a student of CASB or a Provincial Institute of Chartered Accountants? Yes No

If yes: 1. Registration period: _____ Institute: _____

2. CA Training Office: _____ City: _____

3. Please provide details of the chargeable hours and the months of experience previously accumulated. A copy of the Provincial Institute experience confirmation form will satisfy this requirement.

Citizenship status (check one): Canadian citizen Lawfully permitted to work or study in Canada
 Other (please provide additional information on a separate sheet)

Character & Reputation

The following questions are provincial legislative requirements to establish that an applicant has good character and reputation. **If the answer is yes to any question below, contact CASB Student & Support Services for information on the additional details and documents that must be provided.**

- a) While registered as a student or member of any Accountants' Institute, Association, Society or College have you ever:
- i) had a finding of unprofessional conduct against you through the discipline process of that organization? Yes No
 - ii) been removed involuntarily from the register of that organization? Yes No
- b) Have you ever made an assignment in bankruptcy, been declared bankrupt or taken the benefit of any statutory provision for insolvent debtors? Yes No
- c) Have you ever been convicted of a criminal offence of any country? Yes No
- d) At present, do you have any charges outstanding under the criminal law in any country? Yes No
- e) Have you ever been found guilty of breaching a section of securities regulatory authority legislation? Yes No
- f) Have you ever been found guilty of an academic rules infraction at any post secondary educational institution? Yes No

DECLARATION OF APPLICANT

You must declare the Western provincial/territorial Institute under which you will be governed, i.e. Manitoba, Saskatchewan, Alberta, British Columbia, Northwest Territories/Nunavut, or Yukon Territory. You may choose to change your province of governance in the future. To do so, you must provide written notification to Student & Support Services.

I hereby apply for registration as a student of the Institute of Chartered Accountants of _____ and the CA School of Business.

I do solemnly declare that:

- a) All information given herein is true, to the best of my knowledge and belief.
- b) It is my desire to qualify in due course for admission to membership in a provincial Institute of Chartered Accountants.
- c) I agree to comply with the provisions of the Regulated Accounting Profession Act (RAPA) of Alberta, or the Chartered Accountants Acts of British Columbia, Manitoba, and Saskatchewan; and with the Regulations, Bylaws and Rules of Professional Conduct as prescribed from time to time by the council of the above-declared Institute.
- d) I agree to comply with the policies and guidelines of the CA School of Business as prescribed by the Board of Directors of the School.
- e) I authorize the CA School of Business to obtain such information concerning my education, training, experience and background as required to determine my eligibility for registration as a student in the CA School of Business.
- f) I understand that my academic results and any other pertinent information pertaining to my standing with the CASB will be released to my CA Training Office employer and/or the Institute. I agree to the publication of my name if successful on the Uniform Evaluation.
- g) I understand that module and/or evaluation access or the release of my academic results may be denied if registration item(s) are outstanding.
- h) I understand that all materials related to CASB Modules and Uniform Evaluation are the property of the CA School of Business.
- i) I understand that I will be required to have access to a PC laptop computer that meets CASB's minimum hardware and software requirements for use in all modules.

In the event that while registered as a student, I am able to practice public accounting under conditions established by my provincial Institute, I agree to obtain the necessary permission and comply with all of the bylaws, rules and guidelines of the Institute as if I were a recognized CA practicing public accounting.

Signature of Applicant: _____

Date: _____

TO BE COMPLETED BY EMPLOYER OF APPLICANT

I certify this applicant for the purpose of admission into the CA School of Business and as part of that sponsorship undertake to employ the applicant full-time/part-time (**circle one**) in my office:

- a) Commencing on _____, or
mm / dd / yy
- b) Subject to an unconditional offer of employment in the office, said employment to commence on a full-time/part-time (**circle one**) basis commencing on _____.
mm / dd / yy

I recommend the above named student as being of good moral character to be registered by CASB as a student. I assume responsibility for providing the student with the opportunity to participate in our CA Training Program, which is approved by the Institute of Chartered Accountants of _____, and for providing the student with appropriate supervision, as long as their performance is satisfactory and their services are required in accordance with the bylaws and regulations of the Institute of Chartered Accountants of _____.

Signature of Training Principal

Name (Please Print)

Title (Please Print)

TO BE COMPLETED BY CASB

Student Number _____ Date application for registration approved _____ CASB authorization _____

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, distribution of educational material and information, statistics, research and other operational activities. Direct any questions about data collection and use to: Director, General Registrations, 301, 1253 91 Street SW, Edmonton, AB, T6X 1E9, email – generalregistrations@casb.com, phone – 1 866 420 2350 or local - 780 420 2350.