

Certificate of Advanced Accounting Proficiency

2007/2008 Application Form

Please print legibly in pen

Date _____

First Name _____ MI _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ SS Number _____

Date of Birth _____ Male Female U.S. Citizen? Yes No

Work Phone _____ E-mail _____

All information must be completed for processing

*Priority consideration will be given to students who apply by **August 24, 2007**. You will be notified of the admissions decision within two weeks of receipt of your complete application packet, (including official transcripts).*

Will we receive transcripts under any other name? Yes No If Yes, please write other name below:

First Name _____ MI _____ Last Name _____

Please indicate how you found out about this program? _____

Have you ever attended or worked at Santa Clara University? _____

Education Requirement

Applicants must have a bachelor's degree from a regionally accredited U.S. college or university or its equivalent. Applicants must submit an official transcript showing receipt of the Bachelor's degree. We would appreciate knowing of other degrees that you are either seeking or currently hold, but do not require submission of transcripts for this additional academic work.

Please Note: Admission to the Certificate of Advanced Accounting Proficiency program does not constitute admission to a degree-granting program of Santa Clara University. If your undergraduate GPA is 2.5 or lower, please speak with the program director for advanced counseling prior to an admissions decision.

Name of college/university from which you have a Bachelor degree	Location (city and state)	Dates of attendance	Degrees earned/or date expected
		to	
Other colleges/universities	Location	Dates of attendance	Degrees
		to	
		to	
		to	

Number of years of full-time work experience (excluding summer and part-time) _____

Certificate of Advanced Accounting Proficiency

Course(s) you are registering for:

The CAAP program is offered through the academic year.
Classes are held on Saturdays, September 15, 2007 to May 17, 2008 from
9 A.M.-6 P.M. unless otherwise noted on your schedule. *

The CAAP academic year program requires a minimum of 20 students; we reserve the right to cancel the program if the minimum is not reached.

- | | |
|--|---|
| <input type="checkbox"/> Actg 180 Accounting for Business Decisions - \$1,250 | <input type="checkbox"/> Actg 184 Advanced Accounting - \$1,500 |
| <input type="checkbox"/> Actg 181 Intermediate Financial Accounting \$1,250 | <input type="checkbox"/> Actg 185 Cost Management and Strategy - \$1,250 |
| <input type="checkbox"/> Actg 182 Intermediate Financial Accounting II - \$1,250 | <input type="checkbox"/> Actg 186 Tax Planning and Business Decisions - \$1,250 |
| <input type="checkbox"/> Actg 183 Auditing - \$1,250 | |

* *Priority consideration will be given to students who enroll in the entire program (Actg. 181-186). Individuals who can demonstrate the need for specific accounting classes will be accommodated on a space available basis. Such students should contact the Accounting Department Director at (408) 554-4896.*

Application Fee

Non-refundable application fee — \$75

- Check Enclosed (*payable to Executive Development Center*) VISA MasterCard NOVUS Cards AMEX

Card Number _____ Expiration Date _____

Name of Cardholder _____

Address of Cardholder _____

Cardholder City _____ State _____ Zip _____

Signature _____

Payment and Refund Policy

The CAAP Program commits faculty and University resources, so students are urged to understand the payment, refund, and cancellation policy before committing to the program. Tuition will be assessed on a quarterly basis. If you withdraw prior to the first day of your first course of the quarter, you will receive a 100% refund. If you withdraw after the first day of your first course of the quarter, you will not receive a refund for any course that has already started, and you will receive a 50% refund for any course that has not yet started.

Applicant Checklist

Please ensure all the required information is returned with your application packet.

- Completed application form
- An official transcript from the college or university granting your BA/BS
- \$75 application fee

I certify that all information in this application is true, accurate, and complete. I agree to abide by all rules and regulations that are now, or may in the future, be in force at the University. I understand that acceptance into this program does not constitute admission into a degree program at Santa Clara University.

Signature of Applicant _____ Date _____

Priority consideration will be given to students who apply by **August 24, 2007**. You will be notified of the admissions decision within two weeks of receipt of your complete application packet, (including official transcripts).

Please mail your application packet to:

Executive Development Center	tel: 408-554-4521
Leavey School of Business	fax: 408-554-5143
Santa Clara University	web: http://business.scu.edu/edc
500 El Camino Real	e-mail: edc@scu.edu
Santa Clara, CA 95053-0400	