

Certificate of Advanced Accounting Proficiency

2009 Application Form

Please print legibly in pen

Date _____

First Name _____ MI _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ SS Number _____

Work Phone _____ E-mail _____

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

All information must be completed for processing

Admissions decisions are made on a rolling basis and priority consideration will be given to students applying for the whole program. 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:

Students can opt to be part of either a morning or afternoon session for the program. If enrollment does not warrant two sessions, there will only be an afternoon session.

Please check AM or PM: AM Session 9 a.m.-1p.m. or PM Session 3:30-7:30 p.m.

- | | |
|--|---|
| <input type="checkbox"/> Actg 180 Accounting for Business Decisions- \$1,400 | <input type="checkbox"/> Actg 184 Advanced Accounting - \$1,680 |
| <input type="checkbox"/> Actg 181 Intermediate Financial Accounting I - \$1,400 | <input type="checkbox"/> Actg 185 Cost Management and Strategy - \$1,400 |
| <input type="checkbox"/> Actg 182 Intermediate Financial Accounting II - \$1,400 | <input type="checkbox"/> Actg 186 Tax Aspects of Business Decisions - \$1,400 |
| <input type="checkbox"/> Actg 183 Auditing - \$1,400 | |

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. Students must make payment in full for all courses they wish to take. If you withdraw prior to the first day of your first course, you will receive a 100% refund (less \$200 non-refundable deposit). If you withdraw after the beginning of your first course, you will receive 50% refund for courses not yet begun.

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 said 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** _____

Please mail your application packet to:

Executive Development Center
Leavey School of Business
Santa Clara University
500 El Camino Real
Santa Clara, CA 95053-0400

tel: 408-554-4521
fax: 408-554-5143
web: <http://business.scu.edu/edc>
e-mail: edc@scu.edu