APPLICATION FORM 2017-2018

Graduate Diploma in Professional Accounting

Faculty of Liberal Arts and Professional Studies

Deadlines	If you are applying for the session commencing in:	Submit completed forms by:
	Winter 2018	November 30th, 2017
	Summer 2018	March 31st, 2018

With this application form, remember to enclose:

- ✓ **Self-Assessment Checklist**. Applicants who are deemed ineligible to apply by the checklist should **not** apply at this time.
- ✓ **Application fee of $100 (CDN)**. Only Visa and Mastercard payments are accepted. This fee is **not** refundable or transferrable

Please print clearly or type

Name & Identity

Title _____

Legal First Name _____

Legal Middle Name _____

Legal Surname (Family Name) _____

Date of Birth (MM/DD/YYYY) _____

York Reference Number _____

Address & Contact Information

Street Address _____

City Province/State

Country Postal/Zip Code

Home phone number _____

Mobile phone number _____

Email Address _____

Previous Education

Are you:

currently enrolled in the BAS Honours Accounting Stream or the Accounting Certificate?

Yes ◯

a graduate of the BAS Honours Accounting Stream or the Accounting Certificate?

Yes ◉

Graduation Date (MM/YYYY) _____

Goal of Study

Which start term are you applying for?

January (Winter) 2018 ◉

June (Summer) 2018 ◯

Are you applying for full-time or part-time studies?

Full-time ◉

Part-time ◯

What are your main fields of interest? (Assurance, Tax, Finance or Management Accounting) _____

Payment Information

Credit Card Type VISA ◉ MASTERCARD ◯

Card Number _____

Expiry Date (MM/YY) _____

Cardholder's Name _____

Cardholder's Signature _____

Declaration and Consent

I have read and agree to the following:

1. The information I have provided in this application is true and accurate and will be verified by York University
2. I authorize York University to process my application and charge a non-refundable, non-transferrable application fee of $100 to the credit card number provided above

Applicant's Signature _____ Date (MM/DD/YYYY) _____

Office Use Only

Received and verified by:

Name: _____ Title & Unit: _____

Signature: _____ Date (MM/DD/YYYY) _____

PLEASE RETURN THE COMPLETED FORM TOGETHER WITH THE SELF-ASSESSMENT CHECKLIST TO THE SCHOOL OF ADMINISTRATIVE STUDIES (Atkinson 282)

Inquiries can be sent via email to pacc@yorku.ca