



# Application Form

(Deadline: April 30, 2010)

CMA National Entrance Exam Waiver for Entry into the 2010 Strategic Leadership Program

Are you a former student member of CMA Canada?  Yes  No

If yes, which province? \_\_\_\_\_ Last year of membership? \_\_\_\_\_ Previous member number? \_\_\_\_\_

TITLE: 1  MR 2  MRS 3  MISS 4  MS

SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_

### PREFERRED COMMUNICATION METHOD:

ADDRESS :  RESIDENCE  BUSINESS

LANGUAGE:  ENGLISH  FRENCH

### RESIDENCE ADDRESS:

ADDRESS \_\_\_\_\_ BIRTH DATE (DD/MM/YY) \_\_\_\_\_

ADDRESS \_\_\_\_\_ GENDER:  MALE  FEMALE

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

### BUSINESS ADDRESS:

TITLE \_\_\_\_\_ BUSINESS TEL. \_\_\_\_\_

COMPANY \_\_\_\_\_ EXT \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME TEL. \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

### EDUCATION INFORMATION

University	Province	Faculty	Degree	Year

I have arranged to have my official transcript(s) forwarded to CMA NB.  Yes  No

I have successfully completed all of the prerequisite courses as outlined in the Prerequisite University Business Courses list for the CMA Stream.  Yes  No

I understand that in order to be eligible for a waiver of the Entrance Exam, I must have obtained a minimum overall grade point average of 3.0.  Yes  No

I have completed my degree (CMA Stream) within a six-year period.  Yes  No

I understand that in order to qualify for the waiver, I must begin the Strategic Leadership Program within three years of completing my degree (CMA Stream).  Yes  No

I confirm that I am not subject to an outstanding conduct complaint in any professional organization nor have been removed, for cause, from any professional organization or academic institution nor have been subject to any criminal conviction.  Yes  No

### Language Preference for the Strategic Leadership Program (if waiver is granted):

English  French

### I AGREE TO ABIDE BY CMA NEW BRUNSWICK'S REGULATIONS AND CODE OF PROFESSIONAL ETHICS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_