**Supplementary Application Form**

**Applying for Admission in May, 20**\_\_\_

1. From your transcripts, please list the course numbers, names, term completed, and grades achieved for the following admission requirements. If courses have not been completed, please fill in the date you expect to complete them in the grade achieved column. Please refer to the CPA Prerequisite Guides for the list of courses that fulfil each requirement from your post-secondary institution.

<https://www.cpawsb.ca/future-learners/academic-prerequisites-guide/>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirement** | **Institution Taken At** | **Term Completed** | **Course Name & Number** | **Grade**  **Achieved** |
| Introductory Financial Accounting |  |  |  |  |
| Introductory Management Accounting |  |  |  |  |
| Economics |  |  |  |  |
| Statistics |  |  |  |  |
| Business Law |  |  |  |  |
| Information Technology |  |  |  |  |
| Intermediate Financial Reporting I |  |  |  |  |
| Intermediate Financial Reporting II |  |  |  |  |
| Advanced Financial Reporting |  |  |  |  |
| Corporate Finance |  |  |  |  |
| Audit and Assurance |  |  |  |  |
| Taxation |  |  |  |  |
| Intermediate **AND/OR** Advanced Management Accounting |  |  |  |  |
| Performance Management |  |  |  |  |
| Data Analytics and Information Systems |  |  |  |  |

\*Rows shaded in grey indicate Core requirements, as defined in the CPA Prerequisites Guide.

2. (a). Will you have any co-op work experience completed by your intended MPAcc start date?

Yes \_\_\_\_\_ No \_\_\_\_\_

If ‘*Yes’,* please complete the following:

Start Date

Total months of co-op experience

Name of Firm

Location

(b). Will you have any full-time accounting work experience (*other than summer or co-op work term experience*) at a CPA Pre-approved training office or a through the experience verification route completed by your intended MPAcc start date?

Yes \_\_\_\_\_ No \_\_\_\_\_

If ‘*Yes’,* please complete the following:

Name of Firm

Location

Total months of work experience

(c). List the total experience (including summer and co-op work term experience) that you will have completed by May 1 *of the year you are applying for*.

Total months of experience

3. In the space below, please provide a short personal statement outlining your interest in the Edwards’ Master of Professional Accounting program (maximum one page).

*Other information not required for the application; however, we appreciate your feedback:*

4. (a). Did you attend a campus recruiting event hosted by the Edwards MPAcc program?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b). If so, which event did you attend? (ie. information session at which University, career fair, etc.)

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5. How did you originally hear about MPAcc?

Professor\_\_\_\_ Colleague\_\_\_\_ Advertisement\_\_\_\_ Self Research\_\_\_\_

If you were referred by an MPAcc alumni, please provide their name and workplace below.

Name:

Workplace: