

**Application for Admission to
The Certificate in Accounting Program
Southern Oregon University School of Business
Ashland, OR 97520**

Name:		Date:	
Social Security #		Email:	
Home Phone:		Work Phone:	
Mailing Address :			
City:		State:	
		Zip:	

Degree(s) held: (Attach transcripts)			
Degree	Major	Institution	Date Received

Work Experience and Awards

Other Experiences and Awards

Career Goals

Lower Portion of Form for Completion by School of Business

_____	Full admission granted.
_____	Provisionally admitted. Must do the following to secure full admission:
_____	Admission denied -- deficiencies as noted below:

Accounting Department