



Chiang Kai Shek College

FACULTY OF BUSINESS, ARTS AND SCIENCES

School of Business and Accountancy

**QUALIFYING EXAMINATIONS
for BACHELOR OF SCIENCE IN ACCOUNTANCY (BSA)
REGISTRATION FORM**

Name : _____
(Last) (First) (Middle Initial)

Address : _____

Year Level : _____

Course/ Major : _____

Telephone # : _____

Mobile # : _____

E-mail Address : _____

SUBJECT	PROFESSOR	GRADE
Fundamentals of Accounting, Part 1 (FACCT1)		
Fundamentals of Accounting, Part 2 (FACCT2)		

I hereby certify that the information contained in this registration form is true and I further certify that I, the undersigned applicant, have personally completed this form. I understand that any misrepresentation, falsification, or omission of information shall disqualify me from taking the BSA Qualifying Examinations, or immediate disqualification from the BSA program if I pass the Qualifying Examinations, regardless of the time elapsed before discovery.

SIGNATURE OF APPLICANT
OVER PRINTED NAME

Payment Received by : _____
CASHIER