

**North Carolina State University
Accounting and Taxation Certificate**

I have completed the requirements to earn an Accounting and Taxation Management Certificate from North Carolina State University. According to my records, I have completed the following courses:

- (1) _____ Date: _____
- (2) _____ Date: _____
- (3) _____ Date: _____
- (4) _____ Date: _____
- (5) _____ Date: _____

Help us make sure that we have the most current information about you:

First Name	Middle Initial	Last Name	Date of Birth† (mm/dd/yyyy)
Full Title _____			
Company _____			
Work Address _____			
City _____		State _____	Zip _____
Work/Day Phone _____		Fax _____	
E-mail _____			

† In lieu of SSN, your date of birth is required as a personal identifier for internal record keeping by this university

There is a \$50 processing fee for this certificate, payment must accompany certificate request:

Method of Payment

Please check one:

- Check Enclosed
Make check payable to:
North Carolina State University
(Please write your name on the face of your check)
- Purchase Order # _____

Visa MasterCard American Express Corporate Card: Yes No

Credit Card Information

Card # _____ Expiration Date: _____ Amount \$ _____

Cardholder's name (please print) _____

Signature (required) _____

Mail to: Office of Professional Development
NC State University
Box 7401
Raleigh, NC 27695-7401

Fax to: 919. 515.7614