

ACCA COMPUTER BASED EXAMINATION FORM – 2018



GRIFFITH COLLEGE
SCHOOL OF PROFESSIONAL ACCOUNTANCY

First Name _____

Surname: _____

Home Address:

ACCA Student No: _____

(VALID ACCA STUDENT NUMBER MUST BE PROVIDED AT TIME OF APPLYING)

GCD Student No: _____

(If available)

Home Phone No: _____

Work Phone No: _____

Date of Birth: ____/____/____

(DATE OF BIRTH MUST BE PROVIDED DD/MM/YY)

Email: _____

Mobile Phone No: _____

Please detail any disability or special need that we should be aware of

This e-mail address will be used for all confirmations and correspondence re the CBE's

Please tick the paper you wish to sit, and indicate your preferred date

| Exam | Fee (to be paid online) | Code | | Exam Date | Time |
|---|----------------------------|------|--------------------------|-----------|--------|
| Accountant in Business | €125 | F1 | <input type="checkbox"/> | | 9:30am |
| Management Accounting | €125 | F2 | <input type="checkbox"/> | | 9:30am |
| Financial Accounting | €125 | F3 | <input type="checkbox"/> | | 9:30am |
| Corporate & Business Law (UK/Global) Please specify which variant you are applying for | €140 | F4 | <input type="checkbox"/> | | 9:30am |
| Accountant in Business | €125 | FAB | <input type="checkbox"/> | | 9:30am |
| Management Accounting | €125 | FMA | <input type="checkbox"/> | | 9:30am |
| Financial Accounting | €125 | FFA | <input type="checkbox"/> | | 9:30am |
| Recording Financial Transactions | € 125 | FA1 | <input type="checkbox"/> | | 9:30am |
| Management Information | € 125 | MA1 | <input type="checkbox"/> | | 9:30am |
| Maintaining Financial Records | € 125 | FA2 | <input type="checkbox"/> | | 9:30am |
| Managing Costs and Finance | € 125 | MA2 | <input type="checkbox"/> | | 9:30am |

Closing date for submission of application is **10 days prior to scheduled exam session.**

Student Declaration:

- I confirm that I am eligible to sit the exams I have applied for, and that I have satisfied all ACCA regulations as to eligibility, registration, exemptions and time limits. (GCD does not accept any liability for a student presenting for a CBE who is not eligible to sit the Exam. Admission to the CBE does not imply any acknowledgement on behalf of Griffith College that the student is eligible to sit that exam)
- I understand that my place in the exam session cannot be confirmed until the college confirms receipt of my application, advises me of payment instructions, and confirms receipt of my payment.
- I understand that the exam fee is not refundable. Students who cancel an exam at least one week before the exam date may transfer their credit to a later sitting. All requests for deferrals must be received in writing or by e-mail.
- I confirm that I will present valid and current identification at the exam (i.e. a current Passport, Driving Licence, College or ACCA Student Card.) I understand I will not be permitted to sit the exam(s) without this identification.)
- I understand that Griffith College will make every effort to allocate the exam as per schedule however, this cannot be guaranteed.

I accept the above terms and I understand the conditions of entry to the ACCA CBE.

Signature: _____

Date: _____

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This form should be completed and returned by post to:

*CBE Administration
School of Professional Accountancy,
Griffith College Cork,
Wellington Road Campus
Wellington Road, Cork*

Alternatively the form can be sent by email cbe.gcc@griffith.ie

CHECK LIST:

Full Name entered

Date of Birth entered

ACCA Student number entered

Email Address entered

Contact telephone number entered

GCD Student number (if applicable) entered

Sessions will be offered subject to demand. For the latest list of available exam sessions please check our website www.griffith.ie before completing this form.