

ACCA COMPUTER BASED EXAMINATION FORM – 2018



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: _____

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

Mobile Phone No: _____

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

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

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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Alternatively the form can be sent by email richard.mullane@griffith.ie

This form should be completed and returned by post to:

*CBE Administration
School of Professional Accountancy,
Griffith College Limerick,
O'Connell Avenue*

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.