College for Financial Planning®

EDUCATING THE NATION'S TOP FINANCIAL ADVISORS

Graduate Degree Application *A non-refundable $35 application fee is required

Submit your completed application and application fee by fax to 303-220-1810 or mail to: College for Financial Planning, Attn: Enrollment Department, 9000 E. Nichols Ave., Suite 200, Centennial, CO 80112.

- ○ **Master of Science in Personal Financial Planning**
- ○ **Graduate Certificate in Personal Financial Planning**
- ○ **Master of Science in Finance**
- ○ **Graduate Certificate in Financial Analysis**

PERSONAL INFORMATION

You must keep the College informed of name/address changes. The name used here will appear on your official transcripts and diploma.

CFFP IDN (if available)_____

Last four Digits of SSN _____

Date of Birth (month/day/year)_____

Previous/Maiden Name(s) _____

First Name _____

Middle Name _____

Last Name _____

Email _____

Business Phone Number_____

Alternate Phone Number _____

Billing Address

Company _____

Address _____

Address Cont. _____

City _____ State _____ Zip _____

○ Home Address ○ Business Address

Shipping Address ○ *Same as Billing*

Company _____

Address _____

Address Cont. _____

City _____ State _____ Zip _____

○ Home Address ○ Business Address

PREVIOUS EDUCATION

You are responsible for requesting official transcripts be sent directly to the College for Financial Planning, Attn: Registrar's Office, from your previous institution (regionally accredited college or university) documenting an earned baccalaureate or graduate degree.

Institution _____ Degree(s) Earned _____

Institution _____ Degree(s) Earned _____

PETITION FOR TRANSFER OF CREDIT

Transfer of graduate-level credit must be supported by official transcripts and a detailed course description for each course you wish to have considered for credit toward your degree.

Institution _____ Course #/Name _____ Grade _____

Institution _____ Course #/Name _____ Grade _____

COURSE TUITION REFUND POLICY

To receive a full course tuition refund, your completed Withdrawal Request form must be received by the College before midnight MT on the Thursday of the first week of class. Refunds are not available after that time.

AGREEMENT & SIGNATURE

I understand and agree that the College will use e-mail as the primary method of communication with me concerning notification of program information, program policy changes, my status in the program, etc. I agree and consent to the College for Financial Planning sharing my e-mail address with instructors and other students in my classes for educational purposes. I also understand that it is my responsibility to keep the College informed of changes to my e-mail address, mailing address, and phone numbers.

By signing this application I attest that I have read, understand, and agree to all the policies and procedures stated in the Graduate Degree Programs Policies and Procedures, including but not limited to those relating to admission requirements, fees, sales tax, refund policies, study materials, course assignments, and degree requirements. I certify that all the statements in this application are complete and true.

PAYMENT INFORMATION ***A non-refundable $35 application fee is required (checks should be made payable to the College for Financial Planning)**

Method of payment ○ Visa ○ MasterCard ○ American Express ○ Discover ○ Money Order ○ Check, check #_____

Credit Card Number | | | | | | | | | | | | | | | | **Expiration Date** _____

Name on Card _____

Signature _____ **Date** _____