NORTH CAROLINA FINANCE OFFICERS' CERTIFICATION PROGRAM APPLICATION TO TAKE EXAMINATION

November 16-17, 2017

Name		Title	
Office Phone No		Employer	
Business Address			
*Email Address (requir	red)		
Address to which exam	results should be	e sent.	
Please indicate which us know which day or			ke. You may take any test at any time just let
	n at each locatio	1. CONOVERn on Thursday @ 9:00 and ferred Exam Day & Tim	m; 2:00 pm and Friday @ 9:00 am; 2:00 pm*;
Accounting (Thursday, 9:00 a.m.)			<u> </u>
Budgeting/Financial P (Thursday, 2:00 p.m.)			-
Cash Management/Inv (Friday, 9:00 a.m.)	vestment		-
Financial Managemen (Friday, 2:00 p.m.)	t		-
include with this applica	ation a check for on who has paid a	that amount made out to the fee cannot take the examination	t below. Please check the appropriate fee and the N.C. Finance Officers' Certification nation, the fee will not be refunded. Rather it
One part Two parts Three parts Four parts			

You will be mailed a receipt indicating which parts you are registered for. The receipt will also note your examination number, which you will put on each part of the examination you take.

Please return this form and your check by November 8, 2017 to N.C. FINANCE OFFICERS' CERTIFICATION PROGRAM, C/O GREGORY S. ALLISON, SCHOOL OF GOVERNMENT, CB# 3330 KNAPP-SANDERS BLDG, UNC CHAPEL HILL, CHAPEL HILL NC 27599-3330. Or, scan application to Jo Ann at brewer@sog.unc.edu and mail the check with a hardcopy to the address above.

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