

Name: _____ **Student ID:** _____

Degree Program: MAcHM/MSOM DAcHM/DATM

We will respond by e-mail to your e-mail account: _____@_____

You will receive an email notification regarding the approval status of your application. If approved and space is available in the course, you will be registered.

Exam Requirements:

Please refer to pages 118, 128, and 129 of the Catalog and Student Handbook for details regarding exam requirements.

[A] I am requesting a registration for the following exam:

Term: _____ **Institutional Exam:** MCE CGE
(e.g. Spring 2024)

Exam Language: Korean English **MCE Format:** Written Practical

[B] Please indicate if this is a retake: 2nd ~ 7th Attempt 8th Attempt

[C] Are you requesting a Special Retake? (\$350 per attempt) Yes No

By signing below, I acknowledge that the information provided in this application is accurate and complete. I understand that any misrepresentation or withholding of information may result in disciplinary action as per the University's policies. I also understand that my signature constitutes consent to abide by the terms and conditions outlined in this application.

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behavior and/or Criminal Code of California.

Student Signature: _____ **Date:** _____

Academic Coordinator: _____ **Date:** _____

Director of Accounting: _____ **Date:** _____

Academic Dean: _____ **Date:** _____