



GRIFFITH COLLEGE DUBLIN

ENROLMENT FORM

**INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
APRIL 2012 REVISION COURSE**

Student No. (if applicable)

Title

Forename(s)

Surname(s)

Previous Surname/Nickname (if applicable)

Date of Birth

Home Address

Home Telephone No.

Mobile Phone

Email address

Company Name

Company Address

Work Telephone No.

Occupation

GRIFFITH COLLEGE DUBLIN

Phone: 01 – 4150473 E-mail: cpa@gcd.ie website: www.gcd.ie/cpa

Institute of Certified Public Accountants

Subject	Please tick	Euros	Deferred from previous sitting (Please tick)
Business Maths	<input type="checkbox"/>	100	<input type="checkbox"/>
Economics	<input type="checkbox"/>	100	<input type="checkbox"/>
Business Laws	<input type="checkbox"/>	100	<input type="checkbox"/>
Financial Accounting	<input type="checkbox"/>	190	<input type="checkbox"/>
Taxation	<input type="checkbox"/>	190	<input type="checkbox"/>
Information Systems	<input type="checkbox"/>	190	<input type="checkbox"/>
Management Accounting	<input type="checkbox"/>	190	<input type="checkbox"/>
Corporate Reporting	<input type="checkbox"/>	255	<input type="checkbox"/>
Auditing	<input type="checkbox"/>	255	<input type="checkbox"/>
Managerial Finance	<input type="checkbox"/>	255	<input type="checkbox"/>
Corporate Law & Governance	<input type="checkbox"/>	255	<input type="checkbox"/>
Advanced Corporate Reporting	<input type="checkbox"/>	280	<input type="checkbox"/>
Strategy & Leadership	<input type="checkbox"/>	280	<input type="checkbox"/>
Str. Performance Management	<input type="checkbox"/>	280	<input type="checkbox"/>
Advanced Taxation	<input type="checkbox"/>	280	<input type="checkbox"/>
Audit Practice	<input type="checkbox"/>	280	<input type="checkbox"/>
Strategic Corporate Finance	<input type="checkbox"/>	280	<input type="checkbox"/>
Total Amount Due			

Method of Payment – SORRY NO CASH ACCEPTED

Cheque Bank Draft Postal Order Credit Card Laser

Please debit my Credit Card Account

Number

Expiry Date — Security Code

Card Holders Name: _____

I certify that the information above, is correct and I hereby undertake to comply with all regulations of Griffith College. I also accept that Griffith College reserves the right to change any of the details given in any course brochure or the composition of the lecturing team and that the course commencement is depended on student demand and that the course fees will not be refunded once a course has commenced, as it is the college policy not to refund fees irrespective of the circumstances (*with the exception of the above*)

I agree that upon my graduation my name will be published in the graduation booklet and other graduation/college publicity.

Signed _____ Date _____

GRIFFITH COLLEGE DUBLIN

Phone: 01 – 4150473, Fax 01 – 415 -0742, E-mail: cpa@gcd.ie website: www.gcd.ie/cpa
 Griffith College also run a revision course in Cork. For more information about this course,
 please contact Helen Long , Tel No. 021-4969110 or Email courses@griffithcork.com