

# CIPM® Program University Student or Faculty Scholarship Application

## 2016 Exams

Please complete all information below and **include with this application a letter** on letterhead in English and signed by an official of your academic institution or employer **certifying that you meet the [CIPM Scholarship Eligibility Requirements](#). Your scholarship application will not be reviewed without this letter.**

Once your scholarship has been processed, you will be notified of a decision by email within three (3) weeks.

Please note that you must present your valid international travel passport on exam day.

**REDUCED REGISTRATION FEE: US\$300 (includes the eBook curriculum only)**

**NOTE: Printed curriculum is available separately for an additional cost of US\$40 plus any fees associated with shipping such as import duties, customs fees, shipping fees and/or taxes.**

### Exam Selection

(CHECK ONE FOR EACH)

Select Date:	APRIL 2016	SEPTEMBER 2016
	Application Deadline: 31 December 2015	Application Deadline: 15 July 2016
Select Level:	Principles	Expert

### Applicant Completes the Following

CFA INSTITUTE IDENTIFICATION # (IF APPLICABLE)

DATE OF BIRTH (DAY/MONTH/YEAR)

MR. MISS MS. MRS. DR. PROF. REV. HON.

NAME OF COLLEGE/UNIVERSITY

PREFIX (CHECK ONE)

**APPLICANT NAME \*IMPORTANT: YOUR NAME ON CFA INSTITUTE RECORDS MUST BE THE SAME AS THE NAME ON YOUR INTERNATIONAL TRAVEL PASSPORT.**

FIRST (GIVEN) NAME

MIDDLE NAME OR INITIAL

LAST NAME (SURNAME OR FAMILY NAME)

E-MAIL ADDRESS (MUST BE LEGIBLE TO ALLOW RECEIPT OF IMPORTANT COMMUNICATIONS)

TELEPHONE NUMBER (INCLUDE COUNTRY CODE, AREA OR CITY CODE, AND LOCAL)

SPONSORING COLLEGE/UNIVERSITY/ORGANIZATION

CONTACT NAME AT SPONSORING COLLEGE/UNIVERSITY/ORGANIZATION

URL OF COLLEGE/UNIVERSITY WEBSITE OR GOVERNMENT/REGULATOR/EMPLOYER WEBSITE

I certify that I am (select **one**):

A full-time employee (teaching a minimum of 6 credit hours per quarter or semester) or a full-time administrative employee (teaching a minimum of 3 credit hours per quarter or semester) of a degree-granting educational institution offering at least a bachelor's or equivalent degree

An eligible, full-time student of a CFA Program Partner or Recognized University program participant (Requires approval from Program Director or Recognized University Official).

APPLICANT SIGNATURE

DATE (DAY/MONTH/YEAR)

### University completes this section for students only - this section is not required for faculty.

PROGRAM DIRECTOR OR PRINCIPLE CONTACT PERSON NAME

CFA INSTITUTE IDENTIFICATION # (IF APPLICABLE)

E-MAIL ADDRESS (MUST BE LEGIBLE TO ALLOW RECEIPT OF IMPORTANT COMMUNICATIONS)

PROGRAM DIRECTOR OR PRINCIPLE CONTACT PERSON SIGNATURE

DATE (DAY/MONTH/YEAR)

**Plan early! CFA Institute will not accept forms after the deadlines in the Exam Selection section.**

**Reminder: Your scholarship application will not be reviewed without the above-mentioned letter.**

Submit this form via e-mail to [university@cfainstitute.org](mailto:university@cfainstitute.org). Contact us with any questions at [www.cfainstitute.org/contactus](http://www.cfainstitute.org/contactus).

Scholarship recipients are responsible for payment of the reduced registration fee plus any applicable taxes and import fees. Scholarships cannot be deferred to another exam offering.