

*Credit Institute of Canada*  
*L'Institut Canadien du Cr dit*

APPLICATION FOR CREDIT MANAGEMENT – (CR1), AND  
ADVANCED CREDIT MANAGEMENT – (CR2) EXAMINATION  
Spring (June) 2010

Please complete and return to:  
**CREDIT INSTITUTE OF CANADA @ 416-572-2619**

**THE DEADLINE FOR EXAMINATION APPLICATIONS IS MONDAY MAY 17, 2010**

**EXAM DATE: MONDAY JUNE 7, 2010– 6:30 P.M. TO 9:30 P.M.**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUS TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STUDENT NUMBER (IF APPLICABLE) \_\_\_\_\_

EXAM YOU WILL BE WRITING \_\_\_\_\_  
(N.B. – THERE WILL BE NO ALTERNATE DATE AVAILABLE)

WHERE DO YOU WISH TO WRITE YOUR EXAM \*? \_\_\_\_\_

*\*SEE ATTACHED LIST FOR MAIN EXAM CENTRES* \* Indicate "other" only if you are not within a 100 KM commuting distance of an exam centre. If you are unable to write at an exam centre, you must arrange to have a CCP, CGA or another approved professionally designated individual supervise your examination. If exam invigilation arrangements cannot be made with a CCP or CGA in your area, you must arrange to have a Credit Institute approved **professional (i.e. CCP, C.A., CMA, teacher/professor, lawyer, medical doctor, etc.)**, accept the responsibility of invigilating a CGA examination. If an approved invigilator is not available, students will be responsible for travelling to the nearest CGA examination centre. **STUDENTS ARE RESPONSIBLE FOR ADVISING THE CREDIT INSTITUTE OF THEIR SPECIAL EXAMINATION INVIGILATOR'S NAME, FULL MAILING ADDRESS AND TELEPHONE NUMBER**, background information, and references. Relatives and immediate employment supervisors are not eligible to supervise an exam. Students will be advised if their choice of invigilator does not meet the approval of the Credit Institute. If others in your area are sitting the same day, a mutual invigilator must be arranged. **Exams must be written on the day and the time they are scheduled:**

Name of invigilator: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Email: \_\_\_\_\_