## RECORD OF TEACHING EXPERIENCE: Application for Admission as an Associate Member

| Name:  |                                      |  |  |
|--|--------------------------------------|--|--|
| University/College:  |                                      |  |  |
| Job Title :  |                                      |  |  |
| Dates from :   | to : Total months:                   |  | Total months:  |
| in the table for others<br>Immediate Supervisor<br>satisfactory level. | ner course/s whi<br>r is required to | ch is not specified in the table or you have a | dditional course/s in the same area, please describused and agreed that the applicant has achieved ease specify) programs. |
| Course Area  | Level                                | Course Titl                                    | e Initial  |
| AUDIT  |                                      |  |  |
| TAXATION   |                                      |  |  |
| MANAGEMENT<br>ACCOUNTING   |                                      |  |  |
| FINANCIAL<br>ACCOUNTING &<br>REPORTING                                 |                                      |  |  |
| ACCOUNTING<br>INFORMATION<br>SYSTEM                                    |                                      |  |  |
|  |                                      |  |  |
| FINANCE  |                                      |  |  |
|  |                                      |  |  |
|  |                                      |  |  |
| IAW  |                                      |  |  |

Others (You may use additional pages)

| Course Area  | Level          | Course Title  | Initial |  |  |
|--|----------------|---|---------|--|--|
|  |                |   |         |  |  |
|  |                |   |         |  |  |
|  |                |   |         |  |  |
|  |                |   |         |  |  |
|  |                |   |         |  |  |
| Comments from Immediate Supervisor   |                |   |         |  |  |
|  |                |   |         |  |  |
|  |                |   |         |  |  |
|  |                |   |         |  |  |
|  |                |   |         |  |  |
|  |                |   |         |  |  |
|  |                |   |         |  |  |
|  |                |   |         |  |  |
| In my opinion, the above-named person has acquired his/her experience by achieving the required teaching experience as recorded. |                |   |         |  |  |
| I declare that the into  | rmation provic | led is true and correct to the best of my knowledge and belief. |         |  |  |
| Name   |                | MIA No. (if applicable)   |         |  |  |
| Job Title  |                |   |         |  |  |
| University/College   |                |   |         |  |  |
| Address/Company  |                |   |         |  |  |
| Stamp  |                |   |         |  |  |
| Tel. No.   |                |   |         |  |  |
| Fax No.  |                |   |         |  |  |
| Email  |                |   |         |  |  |
| Signature  |                | Date  |         |  |  |
|  |                |   |         |  |  |