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APPLICATION FOR CWM™ADMISSION

PERSONAL INFORMATION (All information provided is kept strictly and only used by ACCE)

1. Legal name:	First			Middle/Ma	• •			
	FIRST			iviidale/ivia	liden			Last
2. Date of Birth:		_ /			/		_	
	Month		Day			Year		
3. Mailing Address:								
				/				
		State				Country		
4. Telephone No:								
5. E-mail:				-				
6. Country of citizens	ship							
					_			
The office of Admissions your preference for how w							wever, we	e wish to know
Email Cell	Text mes	sage						
		3						
If any of the above inform	ation change	as nlease co	ntact The	a Δdmiss	ions Offic	· ·		
cwm@acceglobal.org / a			nnact IIIt	- Aumos	OIIIO GIIIO	ъ.		

GAFM/ACCE Global Chartered Economists Recognition















Partner: Thomas Jefferson School of www.llmprogram.com



ACAD	EMIC & CARE	ER INTERES	ST		
	icate field of in considering.	terest, inter	ested specialization o	r professional goals	you
ACA	DEMIC INFORM	MATION			
incl	_	r schools yo	list all high schools, co ou have attended for a attending.	_	
Name	9		City / State / Country	Dates Attended From To	Type of degree or diploma earned or expected
	ve you taken a ase list all date	•	llowing: year), including future	testing.	
SAT	○Yes ○N	_			
ACT	\bigcirc Yes \bigcirc N	lo when			

when _____

when _____

TOEFL ○ Yes

IELTS ○ Yes

 \bigcirc No

 \bigcirc No

10. List all courses in which you are currently en	rolled
Course Title	Unit of Credit
11. If you are not currently enrolled in an educat	ional program, please provide information about
how you have spent your time since leaving sch	
12. Are you in employment,	
□ Yes □ No	
If Yes, Please provide us information on your em	ployer(s) for the last 10yrs or less.
List all:	

CONDITION OF ADMISSION

13. This application is made with the understanding and agreement that the applicant, upon admission, will be subject to the rules and regulations of GAFM's governing admission and retention of students, as outlined in the catalogue statement titled "Code of Professional Ethics".

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14. I certify that all information given in this application is complete and accurate. By signing and submitting this application, I indicate my willingness to accept both the responsibilities and priviledges of the GAFM's condition of admission.

Signature:	_ Date:	
	_	

APPLICATION CHECKLIST

- O Completed application form
- O Non-refundable Application Fee of \$35usp
- Certified copies of school certificate(s)
- Two(2) passport size photographs
- A photocopy of Traveling passport / National ID
- Official High / College / University transcript

GLOBAL BOARD OF STANDARDS

For all Legal Correspondence

GAFM ® Legal Offices

Attention: Counselor G. Mentz, JD, MBA - Attorney at Law USA

1670-F East Cheyenne Mtn. Blvd.; Box #293

Colorado Springs, CO 80906 USA 504-495-1748 Fax: 419-828-4923

CONTACT LEGAL www.gafm.org/aafm.us