



# Exam Supervisor Nomination Form

I hereby provide the name and contact address for my supervisor\* for the ICMA Professional exam:

<b>Supervisor to complete</b>	
Name:.....	(Surname) (Given Names)
Position:.....	
Organisation:.....	
Address:.....	
.....	
.....	Post Code: .....
Work Email address: .....	
Tel No: .....	(Work) Fax No: .....
<b>Highest Academic and/or Professional qualification of Supervisor .....</b>	
<input type="checkbox"/> Please provide your letterhead or business card along with this form	
<input type="checkbox"/> I attest that the student is known to me only in a professional capacity.	
<input type="checkbox"/> I attest that he/she is NOT employed in my organisation and specifically is NOT a relative or a friend of mine or my family.	
Supervisor's Signature: .....	Date: / /20

<b>Student to complete</b>	
Student ID: .....	
Student's Name: .....	
Print name clearly (Surname)	(Given Names)
Student's Signature: .....	Date: / /20

Please note that:

- The supervisor must be either a University Academic, or a Professional such as an Accountant, Lawyer or Doctor, and **MUST NOT WORK IN THE SAME ORGANISATION AS THE STUDENT OR BE RELATED OR BE FRIENDS OF THE CANDIDATE OR HIS/HER FAMILY.**
- All cost related to the above examination, including venue fees, supervisor's time etc. must be bourn by the candidate.

Please return this form ASAP to:  
**The Examinations Section,**  
**The Institute of Certified Management Accountants,**  
**CMA House, Unit 5, 20 Duerdin Street,**  
**Clayton, Victoria 3168 AUSTRALIA.**  
**Telephone +61 (0) 3 85550358**  
**Facsimile +61 (0) 3 85550387**

<b>Official use only:</b>
Approved on: _____
Responded on: _____