



**CHIEF  
COMPLIANCE  
OFFICER  
UNIVERSITY**

**APPLICATION FOR ENROLLMENT**

Candidates for admission to the CCO University must submit a written application, and meet certain entrance criteria.

Applicants should submit a completed Application for Enrollment to:

**By Email**

Director of Admissions, CCO University  
admissions@rcaonline.org.

**By Mail**

Director of Admissions, CCO University  
909 3rd Avenue  
Fifth Floor  
New York, NY 10022

**Special Instructions:** Image this Application for Enrollment, and email as a PDF attachment

The CCO University reserves the right to exercise discretion in the approval of the Application.

The CCO University will contact Applicants upon acceptance to process their tuition payment.

**APPLICANT**

Legal Name \_\_\_\_\_  
*Last/Family/Sur (Enter name exactly as it appears on official documents.)      First/Given      Middle (complete)      Jr., etc.*

Preferred name, if not first name (choose only one) \_\_\_\_\_ Former last name(s), if any \_\_\_\_\_

Birth Date \_\_\_\_\_ \_ Female \_ Male  
*mm/dd/yyyy*

Preferred Telephone \_ Home \_ Cell Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
*Area/Country/City Code      Area/Country/City Code*

E-mail Address \_\_\_\_\_ IM Address \_\_\_\_\_

Permanent home address

\_\_\_\_\_  
*Number & Street      Apartment #*

\_\_\_\_\_  
*City/Town      County or Parish      State/Province      Country      ZIP/Postal Code*

**If different from above,** please give your current mailing address for all admission correspondence. (from \_\_\_\_\_ to \_\_\_\_\_)  
*(mm/dd/yyyy)      (mm/dd/yyyy)*

Current mailing address

\_\_\_\_\_  
*Number & Street      Apartment #*

\_\_\_\_\_  
*City/Town      County or Parish      State/Province      Country      ZIP/Postal Code*

## EDUCATION & EMPLOYMENT

### Colleges & Universities

Current or most recent school attended \_\_\_\_\_

Entry Date \_\_\_\_\_ Graduation Date \_\_\_\_\_  
mm/yyyy mm/dd/yyyy

School Type	Public	Private	Religious	GPA:	Weighted GPA:
Check One:					

Address \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City/Town State/Province Country ZIP/Postal Code

Advisor's Name (Mr./Ms./Dr., etc.) \_\_\_\_\_ Advisor's Title \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code Number Ext. Area/Country/City Code Number

**School Name**

List all other Colleges & Universities you have attended

	<b>Location (City, State/Province)</b>	<b>Dates Attended (mm/yyyy)</b>	<b>Degree Earned</b>
	<b>Location (City, State/Province)</b>	<b>Dates Attended (mm/yyyy)</b>	<b>Degree Earned</b>
	<b>Location (City, State/Province)</b>	<b>Dates Attended (mm/yyyy)</b>	<b>Degree Earned</b>

If your education was or will be interrupted, please indicate so here and provide details in the Additional Information section:  
 \_\_\_\_\_

Current Employer's Name: \_\_\_\_\_  
 Current Employer's Address: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_  
 Title: \_\_\_\_\_

If you have not been in your current position for at least 2 years **or if you are unemployed, please list:**

Previous or Last Employer's Name: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_  
 Title: \_\_\_\_\_

Are you currently practicing law?    Yes [ ]    No [ ]

If yes, in which state(s) do you practice law?  
 \_\_\_\_\_  
 \_\_\_\_\_

Year of Graduation from Law School (if applicable): \_\_\_\_\_  
 Year of Admission to Bar (if applicable): \_\_\_\_\_

Type of Practice:  
 Private Law Firm  
 Corporation  
 Solo  
 Not-For-Profit  
 Public/Government

Employment Status:  
 Full Time  
 Per Diem  
 Contract  
     For how long?  
 \_\_\_\_\_

Part-Time  
 Unemployed  
 Self- Employed  
     For how long?  
 \_\_\_\_\_

## DEMOGRAPHICS

Citizenship Status \_\_\_\_\_  
Non-US Citizenship \_\_\_\_\_  
Years lived in the US? \_\_\_\_\_  
Birthplace \_\_\_\_\_  
City/Town                      State/Province                      Country  
First Language \_\_\_\_\_  
Primary language spoken at home \_\_\_\_\_  
Are you proficient in any other languages? \_\_\_\_\_

## OPTIONAL

**The below items are optional. No information you provide will be used in a discriminatory manner.**

Marital Status \_\_\_\_\_  
Religious Preference \_\_\_\_\_  
US Armed Services veteran?    Yes    No

1. Are you Hispanic/Latino?

Yes, Hispanic or Latino (including Spain)    No

2. Regardless of your answer to the prior question, please indicate how you identify yourself. (Check all that apply.)

\_\_\_ American Indian or Alaska Native (including all Original Peoples of the Americas)

Are you Enrolled?    Yes    No

If yes, please enter Tribal Enrollment Number \_\_\_\_\_

\_\_\_ Asian (including Indian subcontinent and Philippines)

\_\_\_ Black or African American (including Africa and Caribbean)

\_\_\_ Native Hawaiian or Other Pacific Islander (Original Peoples)

\_\_\_ White (including Middle Eastern)

**Additional Information** If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please do so in the space below or on an attached sheet.

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## SIGNATURE

### Tuition Fee Payment Method

\_\_\_ Credit Card (RCA will contact you upon receipt)

\_\_\_ By Check (If paying by check, please enclose with Application)

### Required Signature

- ✓ *I certify that all information submitted in the admission process-including the application, any supplements, and any other supporting materials-is factually true, and honestly presented, and that these documents will become the property of the institutions to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree should the information I have certified be false.*
- ✓ *I acknowledge that I have reviewed the application instructions for this application.*
- ✓ *I affirm that I will send an enrollment deposit (or equivalent); failure to send enrolment deposit may result in the withdrawal of my admission.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

## Tuition Fee Schedule

\_\_\_ **Full Tuition Enrollment: \$6,000.00**

\_\_\_ **Individual Class Enrollment: \$300 Per Course (Please indicate course selection below)**

Select:	Course Number - Title	Cost
___	501 - Global Regulatory Outlook	\$300.00
___	502 - Principles of Compliance	\$300.00
___	503 - Principles of Adviser Compliance	\$300.00
___	504 - Investment Company Regulation	\$300.00
___	505 - Compliance Process & Practice	\$300.00
___	506 - Advertising & Marketing	\$300.00
___	507 - Private Placement of Securities	\$300.00
___	508 - Insider Trading	\$300.00
___	509 - Anti-Money Laundering	\$300.00
___	510 - Portfolio Management & Trading	\$300.00
___	511 - Best Execution	\$300.00
___	601 - Soft Dollars	\$300.00
___	602 - Valuation 1	\$300.00
___	603 - Valuation 2	\$300.00
___	604 - ERISA	\$300.00
___	605 - SEC Filings & Reportings	\$300.00
___	606 - Business Continuity	\$300.00
___	607 - Director & Officer Liability	\$300.00
___	608 - Fund Structures & Offering Memoranda	\$300.00
___	609 - Regulatory Inspections & Exams	\$300.00
___	610 - SEC Investigations & Enforcement Actions	\$300.00
___	611 - Enforcement Actions	\$300.00
___	701 - Convergence of Compliance & Risk Management	\$300.00
___	702 - Control Environment - Process & Practice	\$300.00
___	703 - Principles of Risk Governance	\$300.00
___	704 - Emerging Issues in Due Diligence	\$300.00
___	801 - FSA Compliance Series	\$300.00
___	802 - AFIMS	\$300.00
___	803 - Valuation (MIFIDs II)	\$300.00
___	804 - UCITS	\$300.00
___	805 - Market Abuse	\$300.00
___	806 - OTC Derivatives	\$300.00

Total Individual Course Enrollment Fee Due: \$ \_\_\_\_\_