

**Application for the Tax Defense Fellows Program**

**Summer 2016- Due March 11, 2016**

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| **Personal Information:** | |
| Name: |  |
| Address: |  |
| Phone Number: |  |
| CSUN Email Address: |  |
| Alternative email address |  |
| Student identification number: |  |

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| **Questions:** | | Your response: |
| 1 | What is your cumulative grade point average? |  |
| 2 | What is your grade point average in your accounting courses taken so far? |  |
| 3 | Have you taken ACCT 440? If so, what was your grade in ACCT 440? |  |
| 4 | Have you participated in the CSUN VITA Clinic? If so, when? |  |
| 5 | What is your class standing (Undergraduate senior; MST)? |  |
| 6 | Are you interested in pursuing a career in taxation? Please explain |  |
| 7 | Are you interested in pursuing a master degree in taxation? |  |
| 8 | Are you authorizing CSUN to release information, including a copy of the Tax Defense Fellowship Application, resume, DAR report and any other of your University Records to a representative from the firm? [[1]](#footnote-1) |  |
| 9 | What is your availability this summer? Are you planning to take a summer school class or work in any other place? |  |

Please submit the application by March 11 to:

The Tax Defense Fellowship Program

The Bookstein Institute for Higher Education in Taxation

Room JH 1111; Phone: (818) 677-3600; Fax: (818) 677- 4892

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The authorization is in effect until you request, in writing, that it be rescinded or until the end of the academic year in which it was issued, whichever comes first. In the event information is released by mistake, the undersigned agrees to hold CSU, Northridge harmless for damages. [↑](#footnote-ref-1)