

LOMA INDEPENDENT STUDENT ENROLLMENT TRANSMITTAL FORM
NOVEMBER 2021 PAPER EXAMS

Please provide complete information. Return Transmittal form with payment. This enrollment information must be sent post-marked no later than **August 6, 2021**.
Faxed enrollments will not be accepted.

Please mail this form via traceable courier to:
LOMA
6190 Powers Ferry Road, Suite 600,
Atlanta, GA 30339-8443

SECTION A

Last Name: _____ Given Name: _____ Middle Initial: _____
Test ID Number: _____ (Example: 010012345E, nine numbers and the letter E.)
Date-of-Birth Month/Day ____/____ (Example: July 04 = 07/04)
Are you a new student? Yes ____ or No ____ (A new student has never enrolled for a LOMA exam. All students must create a record in LOMA's Learning system before using this form.)

SECTION B

Address to which your admission form and other correspondence should be sent. Home: or Business:
Home: _____ Business Name: _____
Street Address: _____ Street Address: _____
City/State/Province: _____ City/State/Province: _____
Country/Zip or Postal Code: _____ Country/Zip or Postal Code: _____
Email: _____ Email: _____

SECTION C

Third-Party Exam Site Code (If you know this code): _____
OR
Proctor's Name: _____ Title: _____
Proctor's Telephone Number: (____) _____ Fax: (____) _____
Proctor's E-mail: _____ Relation to student: _____
Proctor's Exam Site Information
Company Name: _____
Street Addresses only! (No P.O. Boxes): _____
City/State/Province/Zip or Postal Code: _____
(Your enrollment will not be processed without this information)

SECTION D

Courses for which you wish to enroll:

Course Language: _____
Base Exam Fees: _____
Canadian Surcharges
(If yes, add \$20 per exam): _____
Total Fees: _____
If you qualify for a fee exception, check here
and enclose proof of eligibility. For more
information please see:
<http://www.loma.org/HelpCenter/Enrollment/Independent.aspx>.

SECTION E

Full payment of fees must accompany this form.
Please indicate method of payment:
 Check or money order made payable to LOMA in U.S. funds
Credit card (*check box*): MasterCard VISA American Express
Credit card number: _____
Exp. Date: _____ CVV Code: _____ Today's Date: _____
Cardholder's Name (*please print*) _____
Cardholder's Address: _____
City/State/Prov./Country/PostalCode: _____
Cardholder's Signature: _____

No cancellations can be made after the enrollment deadline, August 20, 2021.