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CSI CDT® CERTIFICATION DEFERRAL REQUEST FORM, Spring 2019

If you have a medical or significant personal emergency, submit a request to defer for one cycle.

Two options to submit (to assure your credit card privacy, **DO NOT EMAIL YOUR REQUEST**)

- 1) **Mail to CSI** P.O. Box 81, Annapolis Junction, MD 20701 (priority or overnight)
- 2) **Fax to CSI** 703-940-8600

- Candidates who do not request and receive a deferral approval, who no-show to sit for their scheduled exam, or who register yet do not schedule a testing site forfeit all fees. A new application and fees are required when candidates wish to sit for the exam at a future exam cycle.
- Application fees are not transferrable.
- Fees paid by an employer, sponsor or group may not be refunded to an individual at any time.

Candidate Full Name: _____

Candidate Email: _____ Phone #: () _____

National ID Prometric Number: _____

Reason for Deferral Request _____

Scheduled Exam Date with Prometric _____

It is seven (7) or more business days prior to my scheduled exam appointment and I request exam deferral.

If approved by CSI, I understand

- 1) I will be charged a deferral fee from CSI – \$200 for CSI members; \$275 for non-members
- 2) I must also contact Prometric to cancel my appointment and pay an additional \$30 Prometric cancellation fee. Failure to do so will result in forfeiting your full CSI exam registration fee for Spring 2019 and you will have to reapply and submit payment for Fall 2019 testing.
- 3) I will sit for the exam in Fall 2019 or forfeit registration fee.

If your deferral is approved, your credit card information is required to authorize the charges:

Visa MasterCard American Express

Amount to Charge by CSI (select one): _____\$200 CSI Member _____\$275 Non-Member

Card Number: _____ Exp. Date: _____ CVV2 (security code): _____

Candidate Signature: _____ Date: _____