



For CSI Use only:

<input type="checkbox"/> Approved	Deferral # _____	Date: _____	CSI Staff: _____	Defer to _____
<input type="checkbox"/> Denied	Date: _____	CSI Staff: _____	Notes: _____	

CSI
110 South Union Street, Suite 100
Alexandria, VA 22314

800-689-2900 (P)
certification@csinet.org
www.csiresources.org

CERTIFICATION EXAM RESCHEDULING / DEFERRAL REQUEST FORM

Please complete and email to certification@csinet.org.

Please choose from the list below of rescheduling options:

CDT Exam	CCS Exam	CCCA Exam	CCPR Exam
<p>I am rescheduling to a different date <i>within the same window</i>. No Fee. Must log in to Prometric (www.prometric.com/csi) to change the appointment date/time.</p>			
<p>I <u>have not</u> scheduled my exam with Prometric and want to defer to the next exam window. The exam window has not closed.* \$60 Fee</p>			
<p>It is <u>6 or more business days</u> prior to my scheduled exam appointment and I would like to defer to the next exam window.* Candidate must also contact Prometric to cancel appointment. \$70 CSI fee and \$30 Prometric cancellation fee (must be paid directly to Prometric) I have canceled my appointment with Prometric. Failure to do so will result in forfeiting your registration fee.</p>			
<p>It is <u>2-5 business days</u> prior to my scheduled exam appointment and I would like to defer to the next exam window.* \$100 CSI Fee</p>			
<p>You may not request to reschedule or defer the exam 1 business day or less before your appointment.</p>			
<p>You may not defer any exam more than twice. You must sit for the exam or forfeit your registration fee.</p>			
<p>*CSI will reset the eligibility window with Prometric and the candidate will be able to schedule the exam once the next exam window opens.</p>			

Candidates wishing to defer to the next window MUST submit this form before the close of the initial testing window

Candidates who do not request a deferral and do not sit for the exam will forfeit all fees, and will need to submit a new application and fee if they wish to sit for the exam at another time.

Application fees may not be transferred to another individual.

Candidate Name: _____

National ID Number: _____

Candidate Email: _____

Candidate Phone #: _____

For any change of address, please notify CSI's Member Services Department at 800-689-2900 (8:30am-5:30pm Eastern, Mon-Fri) or via email at csi@csinet.org.

Please provide your credit card information for rescheduling request option selected above:

Visa
 MasterCard
 American Express

Amount to Charge by CSI: \$60 \$70 \$100

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

Candidate Signature: _____ **Date:** _____