

DO NOT EMAIL THIS FORM



For CSI Use only:

Approved Deferral # _____ Date: _____ CSI Staff: _____ Defer to _____
 Denied Date: _____ CSI Staff: _____ Notes: _____

CSI
P.O. Box 81
Annapolis Junction, MD 20701

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

CERTIFICATION EXAM RESCHEDULING / DEFERRAL REQUEST FORM

Please complete and mail to P.O. Box 81, Annapolis Junction, MD 20701 or fax to 703-236-4600.
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Please choose from the list below of rescheduling options:

CDT Exam CCS Exam CCCA Exam CCPR Exam

I am rescheduling to a different date *within the same window*.

No Fee. Must log in to Prometric (www.prometric.com/csi) to change the appointment date/time.

I have not scheduled my exam with Prometric and want to defer to the next exam window. The exam window has not closed.*

\$60 Fee

It is 6 or more business days 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.

It is 2-5 business days prior to my scheduled exam appointment and I would like to defer to the next exam window.*

\$100 CSI Fee

You may not request to reschedule or defer the exam 1 business day or less before your appointment.

You may not defer any exam more than twice. You must sit for the exam or forfeit your registration fee.

*CSI will reset the eligibility window with Prometric and the candidate will be able to schedule the exam once the next exam window opens.

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:** _____