www.csiresources.org

CSI CERTIFICATION EXAM DEFERRAL REQUEST FORM
Fall 2026 Exam Candidates

If you experience a medical or significant personal emergency, submit this form to request a one-cycle deferral. Approved candidates will test during the **Fall 2026** exam cycle. Submit this form using one of the following methods:

1) **Mail to CSI** 5034A Thoroughbred Lane, Brentwood, TN 37027 (priority or overnight)
2) **Email to CSI** certification@csinet.org (CSI will issue an invoice for payment.)

Important Policies

- Candidates who do not request and receive an approved deferral and who either fail to appear their scheduled exam or fail to schedule an exam appointment will forfeit all exam fees.
- A new application and full payment are required for a future exam cycle.
- Application fees are non-transferable.
- Fees paid by an employer, sponsor, or group are non-refundable to the individual candidate.

Candidate Full Name: _____

Candidate Email: _____ Phone #: ( ) _____

ID Number: _____

Reason for Deferral Request: _____

_____

Scheduled Exam Date, if any: _____

Exam Type: _____

☐ **I certify that it is five (5) or more business days before my scheduled exam appointment (or before the end of the exam window if no appointment has been scheduled), and I am requesting an exam deferral.**

If my deferral is approved by CSI, I understand that:

1) I will be charged a deferral fee of $225 for CSI members or $300 for non-members.
2) I must separately contact Prolydian to cancel my scheduled exam appointment and may incur an additional $50 cancellation fee.
3) Failure to cancel my Prolydian appointment will result in the forfeiture of my full CSI exam registration fee for Fall 2026, and I will be required to submit a new application and full payment for the Spring 2027 exam cycle.
4) I must sit for the exam during the Spring 2027 cycle or forfeit my registration fee.

If your deferral is approved, credit card information is required to authorize the applicable charges. If you submit this form by email, leave the payment fields blank. CSI will issue an invoice to process your payment.

Visa MasterCard American Express

Amount to Charge by CSI (select one): _____$225 CSI Member _____$300 Non-Member.

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

Cardholder address: _____

Candidate Signature: _____ Date: _____