



www.csiresources.org

CSI CERTIFICATION EXAM DEFERRAL REQUEST FORM for Spring 2025 Candidates

If you have a medical or significant personal emergency, submit this form to request a deferral for one cycle. If approved, you will sit for your exam during the **Fall 2025** exam cycle. You have 2 options for submitting this form:

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

- Candidates who do not request and receive a deferral approval, who are no-shows 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 #: () _____

ID Number: _____

Reason for Deferral Request: _____

Scheduled Exam Date, if any: _____

Exam Type: _____

It is five (5) or more business days before my scheduled exam appointment (or the end of the exam window if no appointment is scheduled) and I request exam deferral.

If approved by CSI, I understand:

- 1) I will incur a deferral fee from CSI of \$200 for CSI members OR \$275 for non-members.
- 2) I must also contact Prolydian to cancel my appointment and may incur an additional \$50 cancellation fee.
(Failure to do so will result in forfeiting your full CSI exam registration fee for Spring 2025 and you will have to reapply and submit payment for Fall 2025 testing.)
- 3) I will sit for the exam in Fall 2025, or my registration fee will be forfeited.

If my deferral application is not approved by CSI, I understand that I will be refunded the amount I paid less a \$50 administrative fee.

If your deferral is approved, your credit card information is required to authorize the charges. If submitting a form via email, leave the below fields blank and CSI will create an invoice to process your payment.

Visa

MasterCard

American Express

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

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

Cardholder address: _____

Candidate Signature: _____ Date: _____