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CSI CERTIFICATION EXAM DEFERRAL REQUEST FORM
Spring 2026 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 are no-shows to sit for their scheduled exam, or who register but 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 individuals.

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 am requesting exam deferral.

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

- 1) I will be charged a deferral fee from CSI of: \$225 for CSI members OR \$300 for non-members.
- 2) I must separately contact Prolydian to cancel my exam appointment and may incur an additional \$50 cancellation fee.
- 3) Failure to cancel my Prolydian appointment will result in forfeiting your full CSI exam registration fee for Spring 2026 and you will have to reapply and submit payment for Fall 2026 testing.
- 4) I must sit for the exam during the Fall 2026 cycle, or my registration fee will be forfeited.

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): _____ \$225 CSI Member _____ \$300 Non-Member.

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

Cardholder address: _____

Candidate Signature: _____ Date: _____