



CSI CERTIFICATION EXAM DEFERRAL REQUEST FORM for Fall 2020 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 **Spring 2021** exam cycle. You have 3 options for submitting this form:

- 1) **Mail to CSI** P.O. Box 81, Annapolis Junction, MD 20701 (priority or overnight)
- 2) **Fax to CSI** 703-940-8600
- 3) **Email to CSI** csi@csinet.org (Our team will call you for payment information)

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

National ID Prometric Number: _____

Reason for Deferral Request: _____

Scheduled Exam Date with Prometric, if any : _____

Exam Type: _____

It is five (5) or more business days prior to 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 be charged a deferral fee from CSI in the amount of \$200 for CSI members OR \$275 for non-members.
- 2) I must also contact Prometric to cancel my appointment and pay an additional \$30 Prometric cancellation fee. *(Failure to do so will result in forfeiting your full CSI exam registration fee for Spring 2020 and you will have to reapply and submit payment for Fall 2020 testing.)*
- 3) I will sit for the exam in Spring 2021 or will forfeit my registration fee.

If your deferral is approved, your credit card information is required to authorize the charges. If submitting form via email, leave the below fields blank and CSI will contact you via telephone 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: _____