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**RE-MARKS (Continued)**

**IMPORTANT: Request must be made within four weeks of notification of failure. Late requests will not be processed.**

I wrote my (Course name): \_\_\_\_\_ exam on (Date of exam): \_\_\_\_\_

- Yes, I would like my multiple-choice exam re-evaluated: \$60\*
- Yes, I would like my non-multiple-choice exam re-evaluated: \$90\*

I submitted my SW360 Strategic Wealth Plan: \_\_\_\_\_ on (Date): \_\_\_\_\_

- Yes, I would like my Strategic Wealth Plan re-evaluated: \$225\*

I submitted my CSI Capstone Course for CFP® Certification Mini Case, Financial Plan : \_\_\_\_\_ on (Date): \_\_\_\_\_

- Yes, I would like my Mini Financial Planning Case #1 re-evaluated: \$90\*
- Yes, I would like my Mini Financial Planning Case #2 re-evaluated: \$90\*
- Yes, I would like my Draft Financial Plan re-evaluated: \$90\*
- Yes, I would like my Final Financial Plan re-evaluated: \$90\*

**NOTE:** Students will not be provided with additional feedback should they choose to submit a re-mark request. All re-marked results can take up to 30 business days to receive. You will receive an official letter from CSI.

The re-mark fee will be refunded if the re-evaluation results in a passing grade.

\* (plus applicable taxes)

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**PAYMENT METHOD**

All fees are in Canadian funds and can be paid by money order, certified or corporate cheque, Visa, MasterCard or Amex. Please make money orders, certified or corporate cheques payable to CSI Global Education. CSI cannot process forms received without payment information or proper payment.

**Please include: Fee Plus Applicable Taxes\***

**\* NOTE: Please refer to [https://www.csi.ca/student/en\\_ca/student/policies/fees.xhtml](https://www.csi.ca/student/en_ca/student/policies/fees.xhtml) - Tax Information**

I am paying with a:  Money Order  Certified Cheque  Corporate Cheque in the amount of: \_\_\_\_\_ \$

Please charge my:  Corporate Customer Account Number (Only if payer is employer) No: \_\_\_\_\_ \$

I am paying with a credit card:  Visa  MasterCard  Amex \_\_\_\_\_ \$

Card Number: \_\_\_\_\_ Expiry Date (Month/Year): \_\_\_\_\_

Name of card holder: \_\_\_\_\_ Signature: \_\_\_\_\_

- Check if you are faxing this form. If you are faxing this form, you must pay by credit card. Do not mail this form to CSI if you are faxing it.  
*Doing so may result in you being charged twice.*

**IMPORTANT: As required by Payment Card Industry (PCI), CSI is unable to accept forms (with payment) received by email. Forms with payment information will be deleted immediately. Please fax or mail in your form to avoid delay.**