Exception Request Form

Please complete and fax or mail form to CSI:

Fax: 1 (866) 866-2660 (Canada & USA) or 416-359-0486

Address: 200 Wellington Street West, 15th Floor
Toronto, ON, M5V 3C7

PERSONAL INFORMATION ***Mandatory Information*** (Please use CAPITAL letters.)

Student Number: _____ **Identity Verification:** Birthdate (yyyy/mm/dd): _____

First Name: _____ Last Name: _____

Gender: ○ Male ○ Female Language preference for communication: ○ English ○ French

Preferred Email Address: _____ Alternate Email Address: _____

Home Telephone: _____ Business Telephone: _____

Address : ○ Business ○ Home

Employer: _____

Street Address: _____ Suite/Floor: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

I AM REQUESTING AN EXCEPTION FROM CSI POLICY FOR THE FOLLOWING COURSE: **(Details available at www.csi.ca)**

Course Name: _____ **Exception being requested:** ❑ **Course Extension**

❑ **Reduction of waiting period prior to re-enrolment**

❑ **Other:**_____

Circumstance: ❑ **Medical / Family** ❑ **Bereavement** ❑ **Other**

Please provide details explaining the need for the exception.

_____

_____

_____

I have attached the following documents to support the need for an exception at this time (Please refer to *Requirements & Criteria for exceptions From CSI Policy* at www.csi.ca):

❑ **Medical Documentation** ❑ **Death Certificate** ❑ **Other:** _____

_____

I, the undersigned state that the information contained in this request is accurate and permit CSI to verify any information provided in this request.

Signature: _____ **Date:** _____

PAYMENT METHOD

All fees are in Canadian funds and must be paid by Visa, MasterCard or Amex. CSI cannot process forms received without payment information or proper payment.

Please include: Exception Assessment Fee: $35.00 Plus Applicable Taxes* per course . (This fee is non-refundable.)

*** NOTE: Please refer to https://www.csi.ca/student/en_ca/student/policies/fees.xhtml - Tax Information**

I am paying with a credit card: ○ Visa ○ MasterCard ○ Amex, in the amount of: $ _____

Card Number: _____ Expiry Date (Month/Year): _____

Name of card holder: _____ Signature: _____

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.