

Industry Contribution 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 Verifi	ication: Birthdate (yyyy/mm/dd):	
First Name: Last Name:		
Gender: O Female O Male O Non-Binary Language preference for communication: O English O French		
Preferred Email Address: Alte	ernate Email Address:	
Home Telephone:	Business Telephone:	
Business Address (If applicable: Branch Transit Number: Employee Number:)		
Employer :	Direct Manager:	
Street Address:		Suite/Floor:
City: Province:	Country:	Postal Code:
I am requesting an exception from the Industry Contribution Requirements for the Fellow of CSI due to:		
□ Maternity Leave □ Illness/Disability □ Other Circumstances		
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Year and Length of Exception Requested:		
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.		
I, the undersigned state that the information contained in this request is accurate	and permit CSI to verify any informati	on provided in this request.
Signature:	Date:	