

## **Exception Request Form**

| Please complete and upload form with supporting docume                        | entation.                                   |                                          |
|-------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------|
| PERSONAL INFORMATION ***Mandatory Information*** (Please use CAPITAL          | . letters.)                                 |                                          |
| Student Number:             Identi                                            | ty Verification: Birthdate (yyyy/mm/dd):    |                                          |
| First Name:                                                                   | Last Name:                                  |                                          |
| Gender: : O Female O Male O Non-Binary                                        | Language preferenc                          | ce for communication: O English O French |
| Preferred Email Address:                                                      | Alternate Email Address:                    |                                          |
| Home Telephone:                                                               | Business Telephone:                         |                                          |
| Address: O Business O Home                                                    |                                             |                                          |
| Employer:                                                                     |                                             |                                          |
| Street Address:                                                               |                                             | Suite/Floor:                             |
| City: Province:                                                               | Country:                                    | Postal Code:                             |
| I AM REQUESTING AN EXCEPTION FROM CSI POLICY FOR THE FOLLOW                   | NG COURSE: (Details availab                 | ole at www.csi.ca)                       |
| Circumstance:                                                                 |                                             | nts & Criteria for exceptions From CSI   |
| ☐ Medical Documentation ☐ Death Certificate                                   | Other:                                      |                                          |
| I, the undersigned state that the information contained in this request is ac | curate and permit CSI to verify any informa | ation provided in this request.          |
| Signature:                                                                    | Date:                                       |                                          |
| PAYMENT METHOD                                                                |                                             |                                          |
| Exception Assessment Fee: \$35.00 Plus Applicable Taxes* per o                | course . (This fee is non-refundable.)      |                                          |
| * NOTE: Please refer to https://www.csi.ca/student/en_ca/student              | nt/policies/fees.xhtml - Tax Informatio     | n                                        |
| I have submitted my payment online O                                          |                                             |                                          |

IMPORTANT: As required by Payment Card Industry (PCI), CSI is unable to accept forms (with payment) received by email. Forms received with credit card information via email will be deleted immediately.