



MAIL THIS FORM WITH PAYMENT TO:
 ISA CCST Program
 PO Box 12277
 Research Triangle Park, NC 27702-2277 USA
FAX THIS FORM TO: +1 919-549-8288

CCST Exam Reschedule Form

1. Applicant Information *(Please print or type.)*

Name of Applicant _____
 Job Title _____
 Company Name _____
 Preferred Mailing Address: Home Office
 Street Address _____

 City _____ State/Province _____
 Postal Code _____ Country _____
 Telephone (_____) _____ Fax (_____) _____
 Email Address _____

2. Examination Information

Reschedule fees:

No fee	<ul style="list-style-type: none"> Level I, Level II, and Level III electronic exams rescheduled, within your twelve (12) month eligibility period, <ul style="list-style-type: none"> 48+ hours in advance of exam date in US/Canada 5+ days in advance of exam date outside of US/Canada Level I, II, or III private or special event paper/pencil exams rescheduled, within your twelve (12) month eligibility period, more than 45 days in advance of exam date
ISA Member: \$130	<ul style="list-style-type: none"> Level I, Level II, and Level III electronic exams at any location rescheduled, within your twelve (12) month eligibility period, without proper advanced notice
Affiliate Member/ Community Member/ List: \$145	<ul style="list-style-type: none"> Level I, II, or III private or special event paper/pencil exams rescheduled, within your twelve (12) month eligibility period, without proper advanced notice

Payment:

American Express MasterCard Visa Discover Card

Account No. _____ Expiration Date _____

Signature _____ Amount to be Charged \$ _____

OR

Personal Check, Certified Check, or Money Order (Payable to ISA) **NOTE: Purchase Orders are not accepted.**

Applying for: Level I Level II Level III

Electronic Exam (Candidate will choose an exam date in his or her current twelve-month testing window.)

OR

Private Exam Site

Date _____ City, State to Test _____

(ISA cannot process your retest form without a date and location for private exam sites. If your company has not scheduled a new private exam date, or if you want to reschedule to a special event exam date, refer to www.isa.org/examschedule for information on taking the exam.)

Original Test Date _____ City, State _____

I understand that my application on file with ISA is true and correct and will apply for this examination date.

Signature _____ Date _____