

Exam Cancellation Request

Candidate Information		CSMLS ID#:	
Legal Last Name:		Legal First Name:	
Address:			
City:		Province:	
Postal Code:		Country:	
Telephone No:		Email:	

NOTE: Candidates are **not allowed** to cancel their Exam on the Prometric website.

Cancelling an Exam can only be done by completing this form and returning it to exam@csmls.org.

To Exam Session* (circle one): **February June October August** (MLA only); **Year:** _____

*Exam Session = the first date of any Exam session, not the actual appointment date scheduled by the candidate.

Exam Type (circle one): **MLT-General / MLA / Clinical Genetics / Diagnostic Cytology**

Exam attempt # (circle one): **1 / 2 / 3** **PLA or EQual™ Educational Program** (circle one)

Name of EQual™ Program (if applicable): _____

Reason for cancellation (the office may contact you to confirm the reason for your cancellation):

Applicant Statement:

By signing this application form I declare **I understand** the following:

- **Cancellation may result in the loss of this exam attempt, considered a fail**
- There is a **non-refundable cancellation processing fee**
 - \$155/MLA
 - \$205/MLT
- **Cancelling fourteen (14) or more days prior** to the exam session* means I will receive a partial refund
- **Cancelling less than** fourteen (14) days before the exam session* means I will **not** receive a refund.

Signature: _____

Date _____

CSMLS USE ONLY		
Date Received:	Reinstatement of Attempt: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	