

Exam Cancellation Request

Candidate Information	CSMLS ID#:	
Legal Last Name:	Legal First Name:	
Address:	I	
City:	Province:	
Postal Code:	Country:	
Telephone No:	Email:	
NOTE: Candidates are not all	owed to cancel their Exam on the Prometric web	osite.
Cancelling an Exam can or	ly be done by completing this form and returning exam@csmls.org .	ng it to
Го Exam Session* (circle one): Fe l	oruary June October August (MLA only); Year:	
Exam Session = the first date of a he candidate.	y Exam session, not the actual appointment date sch	eduled by
Exam Type (circle one): MLT-Ger	eral / MLA / Clinical Genetics / Diagnostic Cyto	logy
		:1
Exam attempt # (circle one): 1 / 2	'3 PLA or EQual™ Educational Program (c	ircie one)
Name of EQual™ Program (if appl	cable):	
	cable): nay contact you to confirm the reason for your cancellation	n):
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eason for cancellation (the office s	nay contact you to confirm the reason for your cancellation	ນ):
eason for cancellation (the office specified) pplicant Statement: y signing this application form I	nay contact you to confirm the reason for your cancellation	
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