

Exam Cancellation Request

Policy:

- **Cancellation may result in the loss of this exam attempt, considered a fail**
- If you cancel **at least** fourteen (14) days before the exam, you will receive a partial refund
- If you cancel your exam **less than** fourteen (14) days before the exam you will **not** receive a refund
- There is a non-refundable processing fee

Exam Type:

MLT - General Clinical Genetics Diagnostic Cytology

MLA

Miss Mrs. Ms. Mr.

CSMLS#: _____

Last Name (please print above) First Name Middle Initial

Address City Province Postal Code

Telephone No. Business Telephone No.

Fax No. Email Address

Cancellation Period	Cancellation Fee
14 or more days prior to the exam date	CSMLS will refund exam fee less the non-refundable processing fee <ul style="list-style-type: none"> • \$150/MLA; • \$200/MLT
Less than 14 days (0-13 days) before exam date	No refund provided

Reason for cancellation*:

*The office may contact you to confirm your cancellation

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