

Exam Cancellation Application

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.

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

Exam Type: ☐ MLA or ☐ MLT: ☐ General ☐ Clinical Genetics ☐ Diagnostic Cytology

Exam Session (month and year): _____ Exam attempt #: ☐ 1 or ☐ 2 or ☐ 3

Candidate Type: ☐ EQual™ Educational Program or ☐ PLA

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 and agree to** the following:

- **Cancellation may result in the loss of this exam attempt and be considered a fail**
- Cancelling **less than fourteen (14) days before** the exam session means I will **not** receive a refund.
- Cancelling **fourteen (14) days or more before** the exam session means I will receive a **partial refund** based on the automatic **cancellation processing fee**.
 - **Cancellation processing fee:**
 - \$155/MLA
 - \$205/MLT

Signature: _____

Date _____

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