



# Academic Exemption Request Form

Please complete and upload or mail form to CSI:

Address: 200 Wellington Street West, 15th Floor  
Toronto, ON, M5V 3C7

**PERSONAL INFORMATION \*\*\*Mandatory Information\*\*\*** (Please use CAPITAL letters.)

Student Number : \_\_\_\_\_ Identity Verification: Birthdate (yyyy/mm/dd): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Female  Male  Non-Binary Language preference for communication:  English  French

Preferred Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**Business Address** (If applicable: Branch Transit Number: \_\_\_\_\_ Employee Number: \_\_\_\_\_)

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Floor: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Home Address**

Street Address: \_\_\_\_\_ Suite/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**EXEMPTION REQUEST INFORMATION**

**Education and Examination Currency Requirements**

- Courses that were taken more than 10 years ago are not eligible for an exemption.
- Courses that did not have a proctored examination generally do not qualify for an exemption.

**Note:** Four to six weeks are required to process this request. Upon evaluation, a response will be forwarded to you via email.

Please indicate below the course(s) for which you are requesting an exemption(s).

**Each form must include the following:**

- A legible and complete current copy of transcript(s) of marks indicating successful completion of the course(s) taken.
- Course content and evaluation details on each course for assessment purposes (e.g. table of content or course syllabus).

Indicate the CSI course to be exempted from	Indicate the courses for which you are requesting equivalency			
	Institution	Course #	Course Title	Completion date
Sample:  Financial Planning I	R University	1236	Personal Financial Planning	Jan 2020
		4060	Risk Management and Insurance	April 2021
		5068	Retirement and Estate Planning	Dec 2021
	Institution	Course #	Course Title	Completion date

	<b>Institution</b>	<b>Course #</b>	<b>Course Title</b>	<b>Completion date</b>
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**FEES and PAYMENT METHOD**

All fees are in Canadian funds and can be paid by Visa, Mastercard, AMEX, money order, certified or corporate cheque. Please make money orders, certified or corporate cheques payable to CSI Global Education. CSI cannot process forms received without payment information or proper payment.

**Please include: Administrative Fee \$100.00 Plus Applicable Taxes\* (This fee is non-refundable.)**

**Exemption fees:**

- If an exemption is granted, a \$100 fee (plus taxes) will be charged for each CSI course exemption granted. CSI will advise via email and at that time provide details on how to pay for the exemptions.

I am paying with a:  Money Order  Certified Cheque  Corporate Cheque, in the amount of:

\$ \_\_\_\_\_

Please charge my:  Corporate Customer Account Number (Only if payer is employer)

No: \_\_\_\_\_

\$ \_\_\_\_\_

Submitted my payment online

**Note:** Please submit both the exemption request form and all supporting documentation.

**IMPORTANT:** As required by Payment Card Industry (PCI), CSI is unable to accept forms (with payment) received by email. Forms received with credit card information via email will be deleted immediately.

**PRIVACY POLICY**

I have read CSI's *Policies and Guidelines* including *the Refund Policy, Privacy Policy and Student Code of Conduct* described on the website at [www.csi.ca](http://www.csi.ca) and agree to abide by the rules and regulations outlined in it.

**CSI's privacy policy** is designed to protect your personal information. This policy describes the personal information that CSI requires, how it will be used and under what circumstances it may be distributed to third parties. Very briefly, CSI needs to obtain certain information about you to enroll you in a course and to match your results to your academic file. Without it, we cannot accept you as a student as we wouldn't be able to create a student record for you. We will ask for information such as your name, address and credit card number. We will only ask for the information we need, we will keep it safe and we will not sell or distribute it to anyone else. We may share it with our suppliers to better serve you, to compile records or to report to the regulators. We will not give any information to your employer unless you complete the information release consent form, or breach CSI's *Student Code of Conduct*.

*By signing below, I confirm that I understand and consent to the collection, use and disclosure of my personal information by CSI and I agree to abide by the CSI Student Code of Conduct.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you choose not to allow CSI to collect, use and disclose your personal information you will not be able to enroll in a course but may still have options open to you. Please call 1 (866) 866-2601 (Canada & USA) or 416-364-9130.

**INFORMATION RELEASE CONSENT** (Release of your information to employers or educational institute)

In addition to CSI's Privacy Policy above, I hereby consent to CSI disclosing to my current or future employer or educational institute my personal information as to: (i) my status with CSI and (ii) my performance in CSI courses. I acknowledge I may be eligible for preferred pricing rates negotiated between CSI and my employer and I understand that I must accept this agreement to receive such pricing. I further understand that CSI may contact my employer about my eligibility for discounted pricing rates. Further, I consent that from time to time I may be contacted by my employer or CSI for the purpose of (i) providing personal information to CSI to allow it to consolidate and calculate my compliance with regulators' education requirements of me, and (ii) disclosing such information to my employer to facilitate management of its compliance requirements with regulators. The consent provided herein may be revoked, in whole or in part, by me by providing CSI with ten (10) business days prior written notice delivered to 625, René-Lévesque Blvd West, Suite 400, Montreal (Quebec) H3B 1R2, CANADA, attention: *Customer Support*. By doing so, I acknowledge that I may continue to enroll in and subscribe for CSI's academic services but that (i) CSI's academic services will not be made available to me at a discount, and (ii) I will be responsible for paying the incremental fees applicable to private students.

*By signing below I confirm that I have read and consent to the terms and conditions of this Information Release Consent.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_