

14 Campus Blvd. Newtown Square, PA 19073-3299 USA Tel: +1 610 356 4600 Fax: +1 610 482 9971 customercare@pmi.org www.pmi.org

EXTENUATING CIRCUMSTANCE FORM

Who Should Use this Form?

Candidates who were unable to attend a scheduled exam appointment, or require an extension to their exam eligibility period due to an extenuating circumstance such as one of the following:

- Medical emergency or illness for the candidate or immediate family member
- Natural disaster
- Civil unrest
- Death in your immediate family (contact Customer Care; no form or supporting documentation required)
- Military deployment (no supporting documentation required)
- Other extenuating circumstances not mentioned on this form

Please note: Extenuating circumstance requests for business travel, workload, social events (i.e. vacations, pre-planned events, etc.), or forms with no circumstance provided will not be considered.

Supporting documentation is required for all requests except where noted above.

Extenuating circumstance forms that are not received within five business days of the missed exam appointment or eligibility end date may not be approved.

Please submit the completed extenuating circumstance form and supporting documentation to PMI via one of the following: Fax +1 610 482 9971
E-mail customercare@pmi.org

We will review and respond to your request within 3 business days.	
Name	
PMI ID numbe	er
Date of exam	appointment (if scheduled)
Please choose	e one or more of the following:
	☐ I am unable to attend my scheduled exam.
	☐ I need my eligibility period to be extended.
	☐ I cancelled/rescheduled my exam and paid \$70.
Please provid information regarding the extenuating circumstance	
Signature	Date