

iSQI Extra Time Request Form

Exam Series	Exam Name (please select):	Language (please select):*
CABA	CABA® Certified Agile Business Analyst <input type="checkbox"/>	English <input type="checkbox"/>
CAE	iSQI® Certified Agile Essentials Analyst <input type="checkbox"/>	English <input type="checkbox"/>
CDFL	Big Data – Foundation Level <input type="checkbox"/>	English <input type="checkbox"/>
CLST	Certificate in Leadership – CAI’s Catalyst Leadership Training Program® <input type="checkbox"/>	English <input type="checkbox"/>
CMAPFL-TE	CMAP® Mobile App Testing - Foundation Level <input type="checkbox"/>	English <input type="checkbox"/> Spanish <input type="checkbox"/>
CPIoT	ASQF® Certified Professional for IoT, Foundation Level <input type="checkbox"/>	English <input type="checkbox"/> German <input type="checkbox"/>
CPPM_D	ASQF® Certified Professional for Project Management Foundation Level <input type="checkbox"/>	German <input type="checkbox"/>
CPSA-FL	ISAQB® Certified Professional for Software Architecture, Foundation Level <input type="checkbox"/>	English <input type="checkbox"/> German <input type="checkbox"/>
CPUX	UXQB Certified Professional for Usability and User Experience - Foundation Level <input type="checkbox"/>	English <input type="checkbox"/> German <input type="checkbox"/>
CSPM-FL	ISPMA® Certified Software Product Manager - Foundation Level <input type="checkbox"/>	English <input type="checkbox"/>
CSPM_EL-PP	ISPMA® Certified Software Product Manager – Excellence Level Product Planning <input type="checkbox"/>	English <input type="checkbox"/>
CSeT-F	A4Q Certified Selenium Tester Foundation <input type="checkbox"/>	English <input type="checkbox"/>
CTAL-ST	ISTQB® Certified Tester Advanced Level, Security Tester <input type="checkbox"/>	English <input type="checkbox"/>
CTAL-TAE	ISTQB® Certified Tester Advanced Level, Test Automation Engineering <input type="checkbox"/>	English <input type="checkbox"/>
CTAL-TA	ISTQB® Certified Tester Advanced Level - Test Analyst <input type="checkbox"/>	English <input type="checkbox"/> Spanish <input type="checkbox"/>
		English <input type="checkbox"/> German <input type="checkbox"/>
CTAL-TM	ISTQB® Certified Tester Advanced Level - Test Manager <input type="checkbox"/>	English <input type="checkbox"/> Spanish <input type="checkbox"/>
		German <input type="checkbox"/>
CTAL-TTA	ISTQB® Certified Tester Advanced Level - Technical Test Analyst <input type="checkbox"/>	English <input type="checkbox"/> German <input type="checkbox"/>
		Spanish <input type="checkbox"/>
CTFL-AT	ISTQB® Certified Tester - Foundation Level Extension, Agile Tester <input type="checkbox"/>	English <input type="checkbox"/> Spanish <input type="checkbox"/>
		German <input type="checkbox"/>
CTFL	ISTQB® Certified Tester Foundation Level <input type="checkbox"/>	English <input type="checkbox"/> Spanish <input type="checkbox"/>
		German <input type="checkbox"/> French <input type="checkbox"/>
		Russian <input type="checkbox"/> Portuguese <input type="checkbox"/>
CTFL_MBT_D	ISTQB® Foundation Level - Certified Model-Based Tester <input type="checkbox"/>	English <input type="checkbox"/>
IREB_CPRES_FL	IREB® Certified Professional for Requirements Engineering, Foundation Level <input type="checkbox"/>	English <input type="checkbox"/> Dutch <input type="checkbox"/>
		German <input type="checkbox"/> French <input type="checkbox"/>
		Spanish <input type="checkbox"/>
LSSA-YB	Lean Six Sigma Academy - Yellow Belt <input type="checkbox"/>	English <input type="checkbox"/>
TMMI-P	TMMi Professional <input type="checkbox"/>	English <input type="checkbox"/> Spanish <input type="checkbox"/>

* Please note: Not all languages are available in all countries. Please see our exam list at www.pearsonvue.com/isqi to check whether a particular exam language is available in your country.

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Is the candidate already registered?	YES / NO	iSQI ID Candidate Number: <i>(in your Pearson User Account)</i>
Has the candidate had the accommodation before?	YES / NO	
Surname:	Forename(s):	Title (Mr, Mrs, Ms):
Country where the exam will be taken, if different from country of residence:	Date of Birth:	
Full Postal Address:	City:	
Country:	Post/Zip Code:	
Contact Telephone Number:	Email Address:	
Reason for accommodation:		
Please ensure this form is completed and sent to timeextension@isqi.org and an agent will be in contact with you to approve your request. Please note this process can take 2-4 working days.		