

# Cancellation Request

## FPAC™ Examination



CERTIFIED CORPORATE  
FINANCIAL PLANNING &  
ANALYSIS PROFESSIONAL  
Sponsored by AFP

Submit your cancellation request to AFP via fax at +1.301.907.2864 or by email to [FPACert@AFPonline.org](mailto:FPACert@AFPonline.org).

- You must contact Pearson VUE at least 24 hours (one full business day) prior to your scheduled appointment to cancel your exam appointment(s). For Pearson VUE contact information, please visit [www.pearsonvue.com/afp](http://www.pearsonvue.com/afp). Failure to cancel a scheduled appointment(s) will result in a \$110 no show penalty fee per exam part.
- Exam candidates who submit a cancellation request form by the deadline will be refunded the exam fee only. The application fee is non-refundable and non-transferable. For candidates whose most recent payment did not include an application fee, there will be a \$100 processing fee withheld and any no-show penalty fees (\$110) that were previously assessed.
- **Cancellation requests will not be accepted after the cancellation deadline. No exceptions.**

### FPAC Examination Window

### Cancellation Deadline

August 1 - September 30, 2024 (2024B)

July 18, 2024

*Please print or type*

1. AFP ID #: \_\_\_\_\_ AFP MEMBER?  YES  NO

2. NAME:  MR.  MS.  MRS.  DR. \_\_\_\_\_  
LAST / FAMILY FIRST MI

3. TITLE: \_\_\_\_\_

4. ORGANIZATION: \_\_\_\_\_

5. MAILING ADDRESS PREFERENCE (  HOME  BUSINESS )

6. BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

7. PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

By signing and submitting this cancellation request form, I accept the conditions set forth in the rules and regulations of the FPAC Examination ([www.FPACert.org/rules](http://www.FPACert.org/rules)). I understand that I am subject to all policies concerning cancellations, refunds, deferrals, administration of the test, reporting of test scores and the complete certification process and policies including the FPAC recertification process.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ALL CANCELLATION REQUESTS MUST BE SIGNED BY CANDIDATE. THIRD-PARTY REQUESTS WILL NOT BE ACCEPTED.  
*Please direct all inquiries to the certification department at +1.301.907.2862 or by email to [FPACert@AFPonline.org](mailto:FPACert@AFPonline.org).*