

# Deferral Request

## FPAC™ Examination



CERTIFIED CORPORATE  
FINANCIAL PLANNING &  
ANALYSIS PROFESSIONAL

Submit your deferral request to AFP via fax at +1 301.907.2864 or by email to [FPACert@AFPonline.org](mailto:FPACert@AFPonline.org).

- Deferrals are granted to the next test window only.
- Only one deferral per part will be permitted per new enrollment registration.
- Deferrals are only approved for emergency circumstances, as outlined in the full Deferral policy posted to our website: <https://fpacert.afponline.org/forms/deferrals>. Supporting documentation is also required.
- You must contact Pearson VUE at least one full business day (24 hours) 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.

FPAC Examination Window	Deferral To	Deferral Deadline
February 1 - March 31, 2025 (2025A)	August 1 - September 30, 2025 (2025B)	March 31, 2025

Please print or type

- AFP ID #: \_\_\_\_\_ AFP MEMBER?  YES  NO
- NAME:  MR.  MS.  MRS.  DR. \_\_\_\_\_  
LAST FIRST MI
- TITLE: \_\_\_\_\_
- ORGANIZATION: \_\_\_\_\_
- MAILING ADDRESS PREFERENCE (  HOME  BUSINESS )
- BUSINESS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_
- PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_
- REASON FOR DEFERRAL *Deferrals are granted under special circumstances only.*

**PLEASE ATTACH SUPPORTING DOCUMENTATION. Your request will not be processed without this information.**

---

---

---

---

9. PLEASE SELECT:  DEFER EXAM PART I  DEFER EXAM PART II

By signing and submitting this deferral 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.

I certify that I have read and will abide by the Association for Financial Professionals' Standards of Ethical Conduct ([www.AFPonline.org/ethics](http://www.AFPonline.org/ethics)). Any false statements made on this application will constitute a violation for which my certification may be revoked. I certify that the information contained in this application is true, complete and correct to the best of my knowledge and is made in good faith.

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

ALL DEFERRAL 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).