



Office of the Secretary of the State Connecticut State Board of Accountancy



30 Trinity Street, Room 250
Hartford, Connecticut 06106-1634
(860) 509-6179 – Fax (860) 509-6247

www.sots.ct.gov

Exam Extension Request

For reasons of health, military service, or other individual hardship, the Board may, in its discretion, extend the time limit for passing all remaining subjects beyond that set forth in section (1) of this subdivision. Waivers and extensions must be submitted to the Connecticut State Board of Accountancy, 30 Trinity Street, Hartford, CT 06106. You will receive a written response informing you whether your request has been granted or denied. Proper documentation is required for all request for extension or waivers; such documentation shall be submitted at the time of the request. *Please print legibly.*

Name _____	
Address _____	Phone: _____
City, State and Zip Code _____	Email _____

I am requesting an extension on the following portion of the exam:

- | | |
|---|---|
| <input type="checkbox"/> FAR _____
Original Date of Exam | <input type="checkbox"/> REG _____
Original Date of Exam |
| <input type="checkbox"/> Audit _____
Original Date of Exam | <input type="checkbox"/> BEC _____
Original Date of Exam |

Date you intend to complete: _____/_____/_____
DD MM YY

Please indicate the reason for your request:

- Medical (Provide evidence)
- Military (Provide evidence)
- Good cause (Provide evidence)

Please be sure to attach supporting documentation.

Signature _____ Date _____

<p>Office Use Only</p> <p>Approved by Board _____</p> <p>Denied by Board _____</p> <p>Date _____/_____/_____ DD MM YY</p>
--