



National Council for Interior Design Qualification

Fall 2010 Examination Cancellation Form

Your exam cancellation request must be RECEIVED by NCIDQ in writing on this form no later than 5 p.m. EST on August 13, 2010. When your cancellation is processed, your exam fee, minus the cancellation fee, will be refunded to you in the form in which you paid. (The \$125 US late registration fee is nonrefundable.) NCIDQ processes all refunds within 30 days of the exam administration. Please allow time for your refund to be processed. You will automatically be eligible to register for the next exam. Please allow up to ten weeks for your refund to be processed. See page five in the current NCIDQ Examination Registration Guide for the full cancellation policy. Fax this form to 202-721-0221 or mail it to NCIDQ, 1602 L Street NW, Suite 200, Washington, DC 20036.

CONTACT INFORMATION

Name _____ NCIDQ Control Number _____
Address _____
City _____ St/Prov _____ ZIP/PC _____
Phone _____ E-mail _____

PAYEE INFORMATION

Registration method of payment: [] Credit Card [] Check [] Fee Waiver

If you paid by company check, provide the appropriate payee name and address to which refund check should be sent:

CANCELLATION REQUEST

I registered for the following section(s): [] Section 1 [] Section 2 [] Section 3 [] All Three Sections

Cancel my registration for the section(s) marked below:

[] Section 1 [] Section 2 [] Section 3 [] All Three Sections ___ Exam Center Code (Refer to Registration Guide)

[] I am submitting this request after the cancellation deadline (August 13, 2010) because of a serious personal medical or family medical emergency that prevents me from being able to take the exam. Appropriate supporting documentation stating the specific reason you are unable to take this exam (doctor's letter, death notice, etc.) MUST be submitted with this form. Emergency cancellation requests must be RECEIVED by NCIDQ by 5 p.m. EST on October 12, 2010. Late requests will not be honored. Invalid or incomplete documentation will invalidate your cancellation request. NCIDQ may contact you to request additional documentation or to ask permission to speak with your doctor.

AGREEMENT

By signing below, I indicate that I wish to cancel my registration for the exam section(s) marked above, that I understand NCIDQ's Cancellation and Refund Policy, and that I accept NCIDQ's determination of my refund. I understand that I must re-register and pay all applicable registration and exam fees for any exam sections I elect to take in any future exam period, and that NCIDQ will not automatically register me for any future exam period.

Signature _____ Date _____

STAFF USE ONLY

+ \$ _____ Examination fee paid with registration form Do not include nonrefundable \$125 US late registration fee in this amount.
- \$ _____ Cancellation fee (\$100 US one section/\$125 US two sections/\$150 US three sections)
- \$ _____ Additional deduction for partial cancellation (\$50 US) Deduct if candidate registered for all three sections and cancels one or two sections only.
\$ _____ Total refund due

Reason _____ Refund method _____ Approved by _____ Denied by _____