DEFERRAL REQUEST FORM

CTP™ CERTIFIED TREASURY PROFESSIONAL Sponsored by AFP®

Submit your deferral request to AFP via email at certification@financialprofessionals.org

To Clear Form, Click Here

- Deferrals are granted to the next test window only
- Only one deferral will be permitted per new registration
- **You must contact Pearson VUE at least one full business day (24 hours) prior to your scheduled appointment to cancel your exam appointment (Saturday and Sunday are not considered business days).** For Pearson VUE contact information, please visit www.pearsonvue.com/afp. Failure to cancel a scheduled appointment will result in a $90 no show penalty fee

Current Window	Deferral To	Deferral Deadline
December 1, 2026 - January 31, 2027 (2026B)	June 1, 2026 - July 31, 2027 (2027A)	January 31, 2027

Please print or type

1. AFP ID #/CANDIDATE ID#:_____

2. NAME: | *MR.* *MS.* | *MRS.* *DR.* _____
LAST FIRST MI

3. TITLE:_____

4. ORGANIZATION:_____

5. MAILING ADDRESS PREFERENCE (*HOME* *BUSINESS*)

6. BUSINESS ADDRESS:_____

CITY:_____ STATE/PROV:_____ ZIP/POSTAL CODE:_____ COUNTRY:_____

HOME ADDRESS:_____

CITY:_____ STATE/PROV:_____ ZIP/POSTAL CODE:_____ COUNTRY:_____

7. PHONE:_____

E-MAIL:_____

8. REASON FOR DEFERRAL *(Deferrals are granted under special circumstances only, e.g. medical emergency or personal emergency):*

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

To view the full Deferral Policy please visit CTPCert.org/deferrals

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By signing and submitting this deferral request form, I accept the conditions set forth in the CTP Candidate Handbook. I understand that I am subject to all policies concerning cancellations, refunds, transfers, deferrals, administration of the test, reporting of test scores and the complete certification process and policies including the CTP recertification process.

I certify that I have read and will abide by the Association for Financial Professionals' Standard of Ethical Conduct (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 request is true, complete and correct to the best of my knowledge and is made in good faith.

SIGNATURE:_____ DATE:_____

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