



CANDIDACY CONSIDERATION REQUEST FORM

THIS FORM IS TO BE FILLED OUT BY APPLICANTS:

- A. Who do not meet the candidacy criteria for the TSI certification program and wish to be considered for the same.
- B. Whose applications for a TSI certification program have not been accepted and who wish to request consideration of their applications for the same certification program. Such applicants must submit their reconsideration request within five business days of receiving the communication from TSI.

The decision is communicated on the registered email ID of the applicant within 5-7 business days of receipt of the application.

Name:

Email ID:

Certification Program of Interest:

Last/ Most Recent Educational Qualification Earned:

Educational Major(s)/ Specialization:

Total Years of Work Experience:

Area(s) of Professional Interest & Specialization:

Please clearly explain why the certification program of interest is important to you at this stage in your professional career?

Please clearly explain how do you propose to overcome the gap of educational qualification and professional experience prescribed for the certification program of interest to you.

I acknowledge that the information I've provided in this application is true and correct. I hereby authorize The Strategy Institute to verify the information provided, if required. I understand that this will be treated as confidential information.

Signature

Date

INSTRUCTIONS TO SUBMIT FORM:

1. This form can be edited digitally.
2. Download this form and fill the required fields.
3. Please attach the filled form and [submit here](#).