



CANDIDACY CONSIDERATION REQUEST FORM

THIS FORM IS TO BE FILLED OUT BY:

- A. Applicants who do not fulfill or meet the candidacy criteria prescribed for a certification, and yet wish to be considered for the same certification.
- B. Applicants whose applications for a certification have been rejected, and who wish to request a reconsideration of their applications for the same certification program. Such applicants must submit this consideration request within 5 business days of receiving the application rejection communication from TMI.

All decisions are communicated on the registered emails of applicants 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(s):

Years of Aggregate Work Experience:

Area(s) of Professional Interest & Specialization:



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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?

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I acknowledge that the information I've provided in this application is true and correct. 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](#).