



**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**

State Board of Accountancy  
450 Columbus Boulevard, Suite 901  
Hartford, CT 06103-1840  
Email: [DCP.Accounting@ct.gov](mailto:DCP.Accounting@ct.gov)  
Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

**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.

Exam Extension Requests must be submitted with proper documentation to the address indicated below. You will receive a written response informing you whether your request has been granted or denied.

**Section I: Applicant Information**

First Name		Middle Initial	Last Name	
Residence Address		City	State	Zip Code
Telephone Number	Email Address			
Mailing Address (if different from above)				
Address		City	State	Zip Code

**Section II: Exam Portion Requiring Extension**

FAR <input type="checkbox"/>	Date of passed exam: _____	REG <input type="checkbox"/>	Date of passed exam: _____
Audit <input type="checkbox"/>	Date of passed exam: _____	BEC <input type="checkbox"/>	Date of passed exam: _____
Extension Date Requested: _____			

**Section III: Reason for Request**

Medical <input type="checkbox"/>	Military <input type="checkbox"/>	Good Cause <input type="checkbox"/>
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Please be sure to attach supporting documentation at time of submission.

Signature of Applicant	Date
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→ Return your completed request form and supporting documentation to:

**Department of Consumer Protection  
State Board of Accountancy  
450 Columbus Boulevard, Suite 901  
Hartford, CT 06103-1840  
or  
email: [DCP.Accounting@ct.gov](mailto:DCP.Accounting@ct.gov)**