



**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"/> Original Date of Exam _____   | REG <input type="checkbox"/> Original Date of Exam _____ |
| Audit <input type="checkbox"/> Original Date of Exam _____ | BEC <input type="checkbox"/> Original Date of Exam _____ |
| Intended Completion Date _____                             |  |

**Section III: Reason for Request**

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

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

→ 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)**