

THIS FORM IS TO BE FILLED OUT BY APPLICANTS:

- A. Who do not fulfill or meet the candidacy criteria for a certification program and wish to be considered for the same certification.
- B. Whose applications for a certification program have not been accepted, and who wish to request a reconsideration of their applications for the same certification program. Such applicants must submit their reconsideration request within 5 business days of receiving the communication from DASCA.

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(s):

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 provided by me is true and correct. I hereby, authorize DASCA to verify the information provided. 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. Attach the required documents (if any) along with this form and **submit here**.