



CANDIDACY CONSIDERATION REQUEST FORM

Purpose of the Form

This form is to be completed by applicants:

- Who do not fulfill or meet the eligibility criteria for a certification program but wish to be considered for the same certification.
- Whose applications for a certification program have not been accepted and would like to request a reconsideration of their applications.

All requests must be submitted within **5 business days** of receiving the communication from IBCA regarding the status of your application.

Decisions will be communicated to the registered email address of the applicant within **5–7 business days** from receipt of the form.

Instructions

1. Complete all fields in the form.
2. Attach all required supporting documents.
3. Submit the form [here](#).

Candidate Information

(All fields are mandatory)

Name:* _____

Email ID:* _____

Last/Most Recent Educational Qualification Earned:* _____

Educational Major(s)/Specialization(s):* _____

Total Years of Work Experience:* _____

Area(s) of Professional Interest & Specialization:* _____



What specific skills or competencies are you hoping to gain through this program?

If your candidacy does not meet the prescribed requirements, what alternative qualifications or experience make you a strong candidate?

Describe your professional experience relevant to the certification program. *(if applicable)*

List the certifications, training programs, or additional qualifications you have earned.

☐ I hereby declare that the information provided in this form is true and accurate to the best of my knowledge. I understand that the Investment Banking Council of America reserves the right to verify the authenticity of the information and documentation provided.

Signature:

Date: