IFPUG CERTIFIED FUNCTION POINT SPECIALIST
EXAM REVIEW REQUEST

INSTRUCTIONS:
1. Type or print entire application clearly.
2. Submit this form via email to ifpug@ifpug.org (scan and email is permissible)

Name: ___________________________________________ Date of Exam: __________________

Email address: ___________________________________________ Overall Score: ________%

Fees: Overall score 87% or less - $50

Method of Payment: (Application accepted by fax only when paying by credit card.)

☐ Application Fee enclosed. Purchase Orders are not accepted. Make checks or money
   orders payable to IFPUG in U.S. funds only and drawn on a U.S. bank. Affiliate Type____________________

☐ Charge To: ☐ MasterCard ☐ VISA ☐ American Express

Name on Card ___________________________________________

Account Number ___________________________________________

Expiration Date ___________________________________________

Authorization Signature ___________________________________

Payments to IFPUG are not deductible as charitable contributions for Federal Income Tax
purposes. However, they may be deductible under other provisions of the Internal Revenue Code.