International Institute for Software Testing
Promoting Disciplined Software Testing Practices

Application for the Certified Software Test Professional
Master Level - (CSTP - M)
(To be submitted only after completing all the educational requirements)

Name as you wish it to appear on the plaque (Please Print)

_____

Address where the graduation package should be mailed to:

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone Number: _____ Email: _____

PLEASE MAKE SURE THE FOLLOWING REQUIREMENT IS SATISFIED:
☐　　　I have completed the educational requirements

OPTIONAL:
☐　　　I grant IIST the right to publish my name on its web site and other media as recipient of this certification

Signature: _____　　Date: _____

Mail this application along with the non-refundable processing fee of $120 to the address below. The processing fee covers the cost associated with record-keeping, processing, grading exams, and the certificate that will be mailed out. All graduation applications are processed quarterly: March 31, June 30, and September 30, December 31.
Graduates will receive their graduation package approximately four weeks after the quarterly processing date.

Payments: Methods:
U.S. Check - All checks should be made payable to Software Dimensions and mailed to the address below.
Credit Card - Fill out the information below if you would like to pay using a credit card. We will need a signature below in order to process your credit card information. We accept VISA, AMEX, MasterCard and Discover. This form should be mailed to the address below or faxed to: (763) 546-0075.

Card Number: _____ Card Type: _____

Exp. Date: _____ Security Code: _____

Card Holder's Name:　_____ Phone Number: _____
Billing Address (as it appears on the credit card statement)

_____

City: _____ State: _____ Postal Code: _____ Country: _____

I, the card holder, agree to the above charges and authorize the charges to be placed against my credit card. I further agree that the above information is correct.

Card Holder Signature: _____

Mailing Address:

International Institute for Software Testing
636 Mendelssohn Ave. North
Golden Valley, MN 55427   *** If you have any questions, please contact the Registrar at 763-546-0072. ***