



Certified Student Travel Professional Candidate Renewal Request Form

Please complete the enclosed form and return to center@syta.org or fax it to 703-610-0270. If you have any questions, please call Katy Summers at 703-672-8530. Once your completed form is received, we will contact about your renewal eligibility.

NOTE: This renewal request is for applicants renewing their CSTP. If you are earning your initial CSTP, please complete the graduation request form.

Please complete:

☐ I am a SYTA Member

☐ I am NOT a SYTA member

Name: _____
(Please list your name as you would like it printed on your CSTP materials)

Company (if applicable): _____

Contact Address: _____

City, Province/State, Postal Code/Zip/Country: _____

Phone: _____ **E-mail:** _____

Please enter credits earned:

- SYTA Events: _____ Credits
- Volunteer: _____ Credits
- Education: _____ Credits
- Must equal 25 credits

*** Ensure you have submitted all documentation and approval forms as required**

Signature: _____

For SYTA staff
Approval Name: _____
Approval Date: _____