

GIAC GSE Retake Waiver Form

Please fill out ALL fields below, with as much information as possible.

Name: _____

Account Email: _____

Account ID: _____

Are you a current SANS STI student? Yes ___ No___

Certifications you hold: _____

Previous GSE attempt date(s): _____

Content areas of weakness:

Reason exception is needed:

Will you be attending (or have attended) any related training conferences or events prior to your next GSE attempt? Yes No
Please list:

Explain the steps you have / will take to prepare yourself for your next GSE attempt, focusing on your areas of poor performance. Details on timelines of planned remedial efforts and specific hands-on activities are important points in our consideration process:

List any work experience related to areas of weakness:
