

Request for Refund or Test Date Transfer Form

Personal details

Title:					
Given names:					
Surname:					
Address:					
Telephone:					
Email:					
Test date registered for: / /					
Request is for (tick one box): Refund Date Transfer					
Centre name/number:					
Preferred new test date: / /					

Candidate statement (to be completed by the candidate)

Please detail your grounds for applying for a refund or a test date transfer (attach extra sheet if there is insufficient space).

Candidate signature:			Da	ite:		
Received by:			Da	ite:		
Test centre use only: Previous Request for Refunds/Transfer						
Registered test date	Date of prior application	Grounds for application				
		Medical	Personal	Other		
Request (please select): APPROVED NOT APPROVED						
Authorised by: (IELTS Administrator)			Da	ite:		