IELTS™

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: Date:

Received by: Date:

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)

Date:

May 2014