




## 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 TransferCentre 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: