



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 Test Date Transfer

Centre name/number: _____

Preferred New Test Date: / /

Candidate Statement *(to be completed by the candidate)*

Please detail your ground 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 Requests for Refunds/Transfer

Registered Test Date	Date of prior application	Grounds for Application		
		Medical	Personal	Other

Request (please circle) APPROVED NOT APPROVED

Authorized by: _____ Date: / /
(IELTS Administrator)