



# 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:        /        /

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**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)