CONFIDENTIAL

IELTS™
English for International Opportunity

The test that sets the standard

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 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 approved / not approved (please circle) Authorised by: Date: / /

(IELTS Administrator)