

# Request for Refund or Test Date Transfer Form

## PERSONAL DETAILS

TITLE:	
GIVEN NAMES:	
FAMILY NAME:	
ADDRESS:	

TELEPHONE:		EMAIL:	
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## CHANGE REQUESTED:

Request is for (tick one box):  REFUND  TEST DATE TRANSFER

CENTRE NAME / NUMBER:	
TEST DATE REGISTERED FOR:	/ /
MODULE REGISTERED FOR:	<input type="checkbox"/> ACADEMIC <input type="checkbox"/> GENERAL TRAINING

Please select the test that you registered for:

<input type="checkbox"/> IELTS (Paper Based)	<input type="checkbox"/> Computer-delivered IELTS	<input type="checkbox"/> IELTS for UKVI (Paper Based)
<input type="checkbox"/> IELTS for UKVI (Academic) (Computer-delivered)	<input type="checkbox"/> IELTS Life Skills	

PREFERRED NEW TEST DATE:	/ /
PREFERRED NEW MODULE:	<input type="checkbox"/> ACADEMIC <input type="checkbox"/> GENERAL TRAINING

Please select the test that you wish to transfer to:

<input type="checkbox"/> IELTS (Paper Based)	<input type="checkbox"/> Computer-delivered IELTS	<input type="checkbox"/> IELTS for UKVI (Paper Based)
<input type="checkbox"/> IELTS for UKVI (Academic) (Computer-delivered)	<input type="checkbox"/> IELTS Life Skills	

## TEST TAKER STATEMENT

Please detail your reasons for applying for a refund or a test date transfer.

*In case of medical reasons, this form must be accompanied by an original medical certificate. For other reasons, please attach relevant documentation/evidence (police report, military service notice, death notice). Attach an extra sheet if there is insufficient space.*

TEST TAKER SIGNATURE:		DATE:	/ /
RECEIVED BY:		DATE:	/ /

## TEST CENTRE USE ONLY:

Request (please select):  APPROVED  NOT APPROVED

AUTHORISED BY: (IELTS ADMINISTRATOR)		DATE:	/ /
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