



# Request for Refund or Test Date Transfer Form

## Personal details

Title: \_\_\_\_\_  
 Given names: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Test date registered for (dd/mm/yyyy): \_\_\_\_\_  
 Request is for (tick one box):  Refund  Test Date Transfer  
 Centre name/number: \_\_\_\_\_  
 Preferred new test date (dd/mm/yyyy): \_\_\_\_\_

## 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: (dd/mm/yyyy) \_\_\_\_\_

Received by: \_\_\_\_\_ Date: (dd/mm/yyyy) \_\_\_\_\_  
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### Test centre use only: Previous request for refunds/transfer

Registered test date (dd/mm/yyyy)	Date of prior application (dd/mm/yyyy)	Grounds for application		
		Medical	Personal	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Request approved  Request NOT approved Date: (dd/mm/yyyy) \_\_\_\_\_  
 \_\_\_\_\_  
 (IELTS Administrator)