



## 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      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)*.

**Supporting documentation / evidence:** (medical certificate, police report, military service notice, death notice). *Please specify and attach relevant documentation/evidence*

Candidate signature:  Date:

Received by:  Date:

Request (please select):    **APPROVED**                     **NOT APPROVED**

Authorised by:  Date:   
(IELTS Administrator)