



# Request for Refund or Test Date Transfer Form Centre: EDU, DK035

## Personal details

Title:

Given names:  Surname:

Address:

Telephone:  Email:

Test date registered for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Request is for (tick a box):  Refund  Test Date Transfer

Preferred new test date (within 3 months from original test date) \_\_\_\_ / \_\_\_\_

Please select the test that you registered for:  IELTS (Paper Based)  Computer-delivered IELTS

Please select the test that you wish to transfer to:  IELTS (Paper Based)  Computer-delivered IELTS

## Candidate statement *(to be completed by the candidate)*

Please detail your grounds 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 issued by a Professional Medical Practitioner.** The medical certificate must include nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

**For other reasons,** please attach relevant documentation/evidence (police report, military service notice, death notice) (Attach extra sheet if there is insufficient space).

**The information on this form is collected for the primary purpose of assessing your request for a refund/test date transfer. If you choose not to complete all the questions on this form, it may not be possible for the test centre to process your request.**

Candidate signature:  Date:

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Received by:  Date:

### Test centre use only:

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

Authorised by:  Date:   
(IELTS Administrator)