



# Request for Refund or Test Date Transfer Form

## PERSONAL DETAILS

TITLE:			
GIVEN NAMES:			
FAMILY NAME:			
ADDRESS:			
TELEPHONE:		EMAIL:	

## 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):	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	<b>PAYMENT FOR:</b>	<b>AMOUNT:</b>
AUTHORISED BY: (IELTS ADMINISTRATOR)		DATE:	/	/