



Request for Refund or Test Date Transfer Form

PERSONAL DETAILS			
TITLE:			
GIVEN NAMES:			
FAMILY NAME:			
ADDRESS:			
NATIONAL ID/ PASSPORT No			
TELEPHONE:	EMAIL:		
CHANGE REQUESTED:			
Request is for (đánh dấu chọn): 🗆 REFUND 🗆 TEST DATE TRANSFER			
CENTRE NAME / NUMBER:			
TEST DATE REGISTERED FOR:			
MODULE REGISTERED FOR:	□ ACADEMIC □ GENERAL TRAINING		
Please select the test that you registered for:			
☐ IELTS (Paper Based)	☐ Computer-delivered IELTS	☐ IELTS for UKVI (Pape	er Based)
☐ IELTS for UKVI (Computer-de	elivered) IELTS Life Skills	OSR (Computer-deliv	vered)
PREFERRED NEW TEST DATE:			
PREFERRED NEW MODULE:	□ ACADEMIC □ GENERAL TRAINING		
Please select the test that you wish to transfer to:			
☐ IELTS (Paper Based)	☐ Computer-delivered IELTS	☐ IELTS for UKVI (Pape	er Based)
☐ IELTS for UKVI (Computer-delivered) ☐ IELTS Life Skills		OSR (Computer-delivered) L R S W	
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:	1 1
RECEIVED BY:		DATE:	1 1
TEST CENTRE USE ONLY:			
Request (please select): APPROVED NOT APPROVED			
AUTHORISED BY: (IELTS ADMINISTRATOR)		DATE	1 1