



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:

- IELTS (Paper Based)
 Computer-delivered IELTS
 IELTS for UKVI (Paper Based)
- IELTS for UKVI (Academic) (Computer-delivered)
 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:

- IELTS (Paper Based)
 Computer-delivered IELTS
 IELTS for UKVI (Paper Based)
- IELTS for UKVI (Academic) (Computer-delivered)
 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): APPROVED NOT APPROVED

AUTHORISED BY: (IELTS ADMINISTRATOR) DATE: / /