



## Request for Refund or Test Date Transfer Form

### Personal details

Title:

Given names:

Surname:

Address:

Telephone:

Email:

Test date registered for:  (Date) /  (Month) /  (Year)

Request is for (tick one box):  Refund Test Date  Transfer

Centre name/number:

Preferred new test date:  (Date) /  (Month) /  (Year)

### 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).

Candidate signature:  Date:

Received by:  Date:

### Test centre use only: Previous Request for Refunds/Transfer

Registered test date	Date of prior application	Grounds for application		
		Medica	Persona	Othe

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

Authorised by:  Date:

**(IELTS Administrator)**