

Request for Refund or Test Date Transfer Form

PERSONAL DETAILS

TITLE:			
GIVEN NAMES:		SURNAME:	
ADDRESS:			
TELEPHONE:		EMAIL:	

Change requested:

Request is for (tick one box): REFUND TEST DATE TRANSFER

CENTRE NAME / NUMBER:	CA009 CES-Exams
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

PREFERRED NEW TEST DATE:	/ /
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PREFERRED NEW MODULE:	<input type="checkbox"/> ACADEMIC <input type="checkbox"/> GENERAL TRAINING
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Please select the test that you wish to transfer to:

IELTS

Test taker statement (to be completed by the test taker)

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 issued by a professional medical practitioner. The medical certificate must include the nature of the illness and other relevant information (with reference to your 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 an 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.

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TEST TAKER SIGNATURE: <small>(Original Signature Only – No Typed or Digital Signature)</small>		DATE:	/ /
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TEST CENTRE USE ONLY:

RECEIVED BY:	DATE:	/ /
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Request (please select): APPROVED NOT APPROVED

AUTHORISED BY: (IELTS ADMINISTRATOR)	DATE:	/ /
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