



Request for Refund or Test Date Transfer Form

Personal details

Title:

Given names:

Surname:

Address:

Telephone:

Email:

Test date registered for (dd/mm/yyyy):

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

Centre name/number: University of Canberra AU115

Preferred new test date (dd/mm/yyyy):

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: (dd/mm/yyyy)

Received by: Date: (dd/mm/yyyy)

Test centre use only: Previous request for refunds/transfer

Registered test date (dd/mm/yyyy)	Date of prior application (dd/mm/yyyy)	Grounds for application		
		Medical	Personal	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Request approved Request NOT approved Date: (dd/mm/yyyy)

(IELTS Administrator)