

Title (Mr, Mrs, Miss, Ms): _____

Given Names: _____

Surname: _____

Address: _____

Telephone: _____

Email: _____

Test Date Registered for: _____

Centre name/number: _____

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:

Registered Test Date: _____

Grounds for Application

Medical Personal Other

Request approved Request NOT approved Date: _____

(IELTS Administrator): _____

Authorising Manager's Name: _____

Document Number: _____ Date: _____