



# Request for Refund or Test Date Transfer Form

## Personal Details (\* please fill in all information below)

First Name(s)\*: \_\_\_\_\_  
 Family Name\*: \_\_\_\_\_  
 Address\*: \_\_\_\_\_ (ENTER STREET NAME & NUMBER)  
 \_\_\_\_\_ (ENTER POSTAL CODE) | \_\_\_\_\_ (ENTER CITY)  
 Telephone / Mobile\*: \_\_\_\_\_  
 Email\*: \_\_\_\_\_ (ENTER IN CAPITAL LETTERS)  
 Test Date Registered for\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Module registered for (please circle)\*: Academic | General Training

**PAYMENT OF IELTS FEE (€ 195) WAS DONE BY \***

CREDIT / DEBIT CARD     BANK DEPOSIT / BANK TRANSFER     OTHER \_\_\_\_\_

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

Centre name/number\*:    **BRITISH COUNCIL,** \_\_\_\_\_ (ENTER THE CITY)    **G**    **R**        
Please write **GR005** for Athens or **GR026** for Thessaloniki

Preferred New Test Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (If Test Date Transfer is chosen\*)

## 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: \_\_\_\_\_ (NAME) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Test Centre Use Only: Previous Request for Refunds/Transfer

Registered Test Date	Date of prior application	Grounds for Application		
		Medical	Personal	Other

Request (please select):    **APPROVED**     **NOT APPROVED**   
 Authorised by (IELTS Administrator): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Entered in IWAS?    Yes / No    When? \_\_\_\_ / \_\_\_\_ / \_\_\_\_    By who? \_\_\_\_\_ (Initials)

**BOTH PAGES MUST BE PRINTED & COMPLETED**

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## Supporting Documentation/Evidence: Medical

(This form must be accompanied by an original medical certificate.)

**Professional Practitioner Certificate** (to be completed by medical practitioner)

### Date/s of consultation:

**Candidate affected on the test day** (please circle appropriate letter)

- |          |   |                      |
|----------|---|----------------------|
| <b>A</b> | totally unable to sit exam                  | _____ specify period |
| <b>B</b> | very severely affected but able to sit exam | _____ specify period |
| <b>C</b> | severely affected but able to sit exam      | _____ specify period |
| <b>D</b> | moderately affected but able to sit exam    | _____ specify period |
| <b>E</b> | slightly affected but able to sit exam      | _____ specify period |
| <b>F</b> | unable to assess ability to sit exam        | _____ specify period |

**Candidate affected at some time prior to the test day** (please circle appropriate letter)

- |          |   |                      |
|----------|---|----------------------|
| <b>A</b> | totally unable to sit exam                  | _____ specify period |
| <b>B</b> | very severely affected but able to sit exam | _____ specify period |
| <b>C</b> | severely affected but able to sit exam      | _____ specify period |
| <b>D</b> | moderately affected but able to sit exam    | _____ specify period |
| <b>E</b> | slightly affected but able to sit exam      | _____ specify period |
| <b>F</b> | unable to assess ability to sit exam        | _____ specify period |

**Remarks:** nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

\_\_\_\_\_

Practitioner's Name: _____	<b>Stamp</b>
Address: _____	
Phone Number: _____	
Provider Number: (if applicable): _____	
Signature: _____	Date: ____ / ____ / ____

**Supporting Documentation/Evidence: Other** (police report, military service notice, death notice).  
Please specify and attach relevant documentation/evidence

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.