

## Request for Test Date Transfer Form

*This guidance only applies to non-UKVI IELTS.*

*For UKVI, please refer to the UKVI Transfers and Refunds policy at:  
[www.britishcouncil.gr/en/exam/ielts/which-test/uk-visas-immigration/cancellation-refund-policy](http://www.britishcouncil.gr/en/exam/ielts/which-test/uk-visas-immigration/cancellation-refund-policy)*

### Information for Candidates

Candidates who seek to cancel their registration or transfer test dates within the five-week period prior to the test date will only receive a refund if they can satisfy to the Administrator that their ability to sit the test has been affected by illness or serious cause. Serious causes include:

- illness – e.g. hospital admission, serious injury or illness (does not include minor illness such as a mild cold)
- loss or bereavement – death of a close family member
- hardship/trauma – victim of crime, victim of a traffic accident
- military service.

### Application Process for test day transfer

If the candidate's application is approved, candidates must select a test date within the next three-month period and this will be approved by the test centre depending on availability for the selected test date.

There may be limited availability for test dates in the first five-week period.

Candidates who wish to transfer to a test date more than three months away should apply for a refund and then re-apply for the test.

# Request for 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)

**PAYMENT OF IELTS FEE WAS DONE BY \***

Credit / Debit Card  
 Bank deposit / Bank transfer  
 Other: \_\_\_\_\_

Test Date Registered for\*: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IELTS Registration Reference Number:** \_\_\_\_\_

Centre name/number\*: **BRITISH COUNCIL,** \_\_\_\_\_ (ENTER THE CITY) **G R**

--	--	--

  
Please write **GR005** for Athens or **GR026** for Thessaloniki

### Please select the test that you registered for \*:

IELTS on paper       IELTS on computer       IELTS for UKVI on paper – available in Athens only

IELTS for UKVI on computer – available in Athens only       Life Skills A1 – available in Athens only       Life Skills B1 – available in Athens only

### Please select the test that you wish to transfer to \*:

IELTS on paper       IELTS on computer       IELTS for UKVI on paper – available in Athens only

IELTS for UKVI on computer – available in Athens only       Life Skills A1 – available in Athens only       Life Skills B1 – available in Athens only

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

**Note – Test Date Transfer:** If your application is approved, you must select a test date within the next three-month period and this will be approved by the Administrator depending on availability for the selected test date. There may be limited availability for test dates in the first five-week period. If you wish to transfer to a test date more than three months away, you should apply for a refund and then re-apply for the test.

**Candidate statement \* (to be completed by the candidate)**

Please detail your grounds for applying for 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 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.
- For other reasons, please attach relevant documentation/evidence (police report, military service notice, death notice).

(attach extra sheet if there is insufficient space).

---

---

---

---

---

---

---

Candidate Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Received by: \_\_\_\_\_ (NAME) Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*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.*

**Test Centre Use Only:**

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

Authorised by (IELTS Administrator): \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Updated systems?                      **Yes / No**                      When?                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      By who?                      \_\_\_\_\_ (Initials)

Candidate informed by: \_\_\_\_\_                      **On:** \_\_\_\_\_

Last four digits: \_\_\_\_\_

*The British Council will use the information that you are providing in connection with processing your request. The legal basis for processing your information is agreement with our terms and conditions of registration (contract). The British Council complies with data protection law in the UK and laws in other countries that meet internationally accepted standards.*