idp | IELTS
PROUD CO- OWNER OF IELTS

Request for Refund or Test Date Transfer Form

PERSONAL DETAILS

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

Change requested:

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

CENTRE NAME / NUMBER:	CA050 ILAC (IELTS Vancouver)
TEST DATE REGISTERED FOR:	
MODULE REGISTERED FOR:	☐ ACADEMIC ☐ GENERAL TRAINING

Please select the test that you registered for:

☐ IELTS (Paper Based) ☐ Computer-delivered IELTS

☐ IELTS for UKVI (Paper Based) ☐ IELTS for UKVI (Academic) (Computer-delivered)

PREFERRED NEW TEST DATE:	
PREFERRED NEW MODULE:	☐ ACADEMIC ☐ GENERAL TRAINING

Please select the test that you wish to transfer to:

☐ IELTS (Paper Based) ☐ Computer-delivered IELTS

☐ IELTS for UKVI (Paper Based) ☐ IELTS for UKVI (Academic) (Computer-delivered)

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.

TEST TAKER SIGNATURE:		DATE:	

CLEAR FORM

TEST CENTRE USE ONLY:

RECEIVED BY:		DATE:	
Request (please select):	☐ APPROVED ☐ NOT APPROVED		
AUTHORISED BY: (IELTS ADMINISTRATOR)		DATE:	

Test Transfer Fee

Return to: info@ilacielts.com

IELTS Official Test Centre

IELTS The test you can trust

Candidate First Name: _____ Candidate Last Name: _____

E-mail: _____

Computer-delivered IELTS Test Transfer Fee

For requesting changes to your IELTS test, including test date or module type

	Price	Quantity	Total
CD Transfer Fee	$80	1	$80
Tax @ 5%	$4	1	$4
Total			**$84**

Card Holder's First Name: _____ Card Holder's Last Name: _____

Card Holder's Address + Postal Code: _____

Credit Card: **MasterCard** **Visa** Credit Card Number: _____ Expiry Date: _____

☐ **I authorize ILAC to charge** $84.00 **to the above credit card.** CVV:

Card Holder's Signature: _____ Date: _____

For Office Use Only

Receipt No.: _____ Date: _____

Administrator: _____