

## 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 document.*

### 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.

Requested transfers are charged 25% of exam fee (245.5 RON).

## Request for Test Date Transfer Form

### Personal details

Title:

Given names:  Surname:

Address:

Telephone:  Email:

Test date registered for:     /     /

Centre name/number:

IELTS Registration reference no

Preferred new test date:     /     /

**Please select the test and circle module that you registered for:**

- IELTS on Paper AC/GT     IELTS on Computer AC/GT     IELTS for UKVI on Paper AC/GT
- IELTS for UKVI on Computer AC/GT     Life Skills A1     Life Skills A2     Life Skills B1

**Please select the test and circle module that you wish to transfer to:**

- IELTS on Paper AC/GT     IELTS on Computer AC/GT     IELTS for UKVI on Paper AC/GT
- IELTS for UKVI on Computer AC/GT     Life Skills A1     Life Skills A2     Life Skills B1

### 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).

**The information on this form is collected for the primary purpose of assessing your request for a 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.**

Candidate signature:  Date:

Received by:  Date:

**Test centre use only:**

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

**Authorised by:**  Date: