



IELTS Test Centre TT120 Test Cancellation, Transfer and Refund Policy

Once you have registered to take IELTS, you may **ONLY** request to cancel or transfer your test to another day via email, or in person. You may **NOT** cancel or transfer your date by phone, letter, or fax.

Cancellation:

If you cancel **MORE** than 5 weeks before your scheduled test date, you can receive a full refund of your registration fee (minus an administrative charge of 25% of the test fee).

If you cancel **LESS** than 5 weeks before the test date, you will not receive a refund. You are responsible for the full test fee **UNLESS** you provide evidence of a serious cause.

Serious causes include:

- serious injury or illness, hospital admission (**DOES NOT INCLUDE MINOR ILLNESSES SUCH AS A MILD COLD**)
- bereavement/death of a close family member
- hardship/trauma – victim of crime, victim of a traffic accident
- military service
- natural disaster

Evidence must be submitted no later than five working days after the test date via e-mail, fax or post. Documents accepted include a medical certificate from a qualified medical practitioner, a death certificate or a police report.

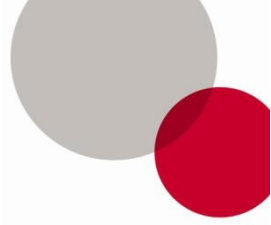
Arriving late or not appearing on test day counts as a cancellation, and you will **NOT** receive a refund. In this case, you must register for a new test date.

Test Date Transfer:

If you submit your application to change your test date **MORE** than 5 weeks before the scheduled test date, you will be charged an administrative fee of 25% of the test fee. You will only be able to transfer to dates within the next 3 months which have available space.

Test takers who want to transfer to a test date more than 3 months away should apply for a refund and then re-register for the test.

If you apply for a Test Date Transfer **LESS** than 5 weeks before the scheduled test date, this counts as a cancellation, and you will not receive a refund unless you can provide evidence of a serious cause.



Request for Refund or Test Date Transfer Form

Personal details

Title:

Given names:

Surname:

Address:

Telephone:

Email:

Test date registered for: / /

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

Centre name/number:

Preferred new test date: / /

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:

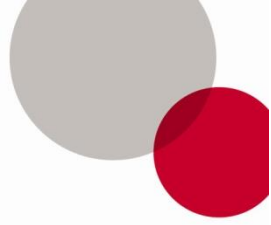
Received by: Date:

Test centre use only: Previous Request for Refunds/Transfer

Registered test date	Date of prior application	Grounds for application		
		Medical	Personal	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Authorised by: (IELTS Administrator) Date:



Request for Refund or Test Date Transfer Form

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):

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

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

- | | |
|--|----------------|
| A totally unable to sit exam | specify period |
| B very severely affected but able to sit exam | specify period |
| C severely affected but able to sit exam | specify period |
| D moderately affected but able to sit exam | specify period |
| E slightly affected but able to sit exam | specify period |
| F 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:

Address:

Phone number:

Provider number: (if applicable):

Stamp:

Signature:

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.