IELTS™

Request for Test Date Transfer Form

* indicates a mandatory field

Personal details

*Title:	
*Given names:	
*Surname:	
*Address:	
*Telephone:	
*Email:	

*Test date registered for (dd/mm/yyyy):	
Centre name/number:	British Council (SG002)

*Preferred new test date (dd/mm/yyyy)	1st Choice:	
(Note: Subject to availability; please	2nd Choice:	
complete ALL three options)	3rd Choice:	

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

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

Authorised by:
(IELTS Administrator)   Date: