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 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

<table>
<thead>
<tr>
<th>Registered test date</th>
<th>Date of prior application</th>
<th>Grounds for application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical</td>
<td>Personal</td>
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</table>

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.