

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 reapply for the test.

Requested transfers are charged 25% of exam fee (275 RON).



Request for Test Date Transfer Form

Personal d	etails	3					
Title:							
Given names:				Surname:			
Address:							
					-		
Telephone:		/ /	,	Email:			
Test date registered f Centre name/number							
Centre name/number	· [
IELTS Registration re	ference n	0					
Preferred new test da	te:	/	/				
Please select the te	st and cire	cle module	that you regi	stered for:			
☐ IELTS on Paper A	C/GT [☐ IELTS on	Computer AC	/GT 🗆 IELTS	S for UKVI on F	Paper AC/GT	
☐ IELTS for UKVI on	Compute	r AC/GT □	Life Skills A1	☐ Life Skills A2	2 ☐ Life Skills	B1	
Please select the te	st <u>and cir</u>	<u>cle module</u>	that you wis	h to transfer to:			
☐ IELTS on Paper A	C/GT [☐ IELTS on	Computer AC	/GT 🗆 IELTS	for UKVI on P	aper AC/GT	
☐ IELTS for UKVI or	Compute	r AC/GT □	Life Skills A1	☐ Life Skills A2	2 ☐ Life Skills	B1	
Candidate state	ment (t	o be comp	leted by the	candidate)			
Please detail your gro	ounds for a	applying for a	a test date tra	nsfer.			
In case of medical re Professional Medica (with reference to the special consideration	al Practition candidate	oner . The m	edical certification	ate must include	nature of illnes	ss and other relev	ant information
For other reasons, ple	ease attac	h relevant d	ocumentation	/evidence (police	e report, militar	y service notice, o	death notice).
(attach extra sheet if	here is in:	sufficient spa	ace).				
The information on transfer. If you cho to process your req	ose not to						
Candidate signature:						Date:	
Received by:						Date:	
Test centre use only	<i>/:</i>						
Request (please sele	ct): AF	PPROVED		NOT A	APPROVED		
Authorised by:						Date:	

British Council Oct 2024