

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: