



## 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  Test 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:

The information on this form is collected for the primary purpose of assessing your request for a refund/test date transfer. If the supporting documents are not included, it may not be possible for the test centre to process your request.

#### Supporting documentation / evidence:

- An original medical certificate
- Police report, military service notice, death notice

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#### For Office Used Only:

Request (please select): APPROVED  NOT APPROVED

Authorised by:  Date:

(IELTS Administrator)



CENTRE FOR CONTINUING EDUCATION



Tel. (514) 848-2424 ext. 3609
IELTS.administration@concordia.ca

Request for Test Date Transfer / Refund

Requests will be processed within 5 working days

Information (As it appears on Passport/PR Card - Please Print)

Concordia I.D: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

YYYY-MM-DD

First Name \_\_\_\_\_

Original Test date you registered for: \_\_\_\_\_

New Test date you want to transfer to: \_\_\_\_\_

Administration Fee for Test Date Transfer is \$ 80.00

Payment method selection table with options for Interac, Money Order, VISA, MasterCard, AMEX, and DISCOVER. Includes fields for credit card number, expiry date, date, name, and signature.

Students who have an outstanding balance with the University must clear the balance before this application is processed

Processed: [ ]