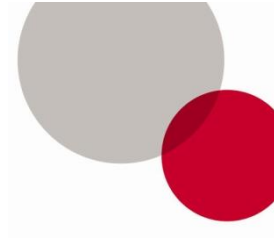




Application for the Issue of Additional TRFs



1 Family Name: _____

2 Dr Mr Mrs Miss Ms

3 Other name/s: _____

(These names must be the same as the names on your national identity document / passport.)

4 Address for correspondence: _____

5 Tel. No: _____ Mobile No: _____

6 Email: _____

7 Date of Birth: / / (day / month / year)

8 ID Type: Passport National ID Card
ID Document Number: _____ (This document must be shown before a TRF can be issued.)

9 Centre Number: CA501 Candidate Number: _____
Date: / / (day / month / year)

Centre Name:

10 Please give details below of where you would like your results sent to:

a Name of Person / Department: _____
Name of College / University / Organisation: _____
Address: _____

b Name of Person / Department: _____
Name of College / University / Institution: _____
Address: _____

I certify that the information on this form is complete and accurate to the best of my knowledge and authorise the IELTS Test Partners to forward a copy of my TRF to the department/s or institution/s listed above.

Signature: _____ Date: / / (day / month / year)

Application for the Issue of Additional TRF

Requests will be processed within 5 working days

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

Information (As it appears on Passport/PR Card)

Concordia I.D: _____

Last Name: _____







Date of Birth _____

YYYY-MM-DD

First Name _____

Fees to be paid:

<input checked="" type="checkbox"/>	Application for the Issue of Additional TRF	\$25.00
<input type="checkbox"/>	Regular Mail within Canada (No charge)	0.00
<input type="checkbox"/>	Courier Service within Canada (\$25.00)	
<input type="checkbox"/>	Courier Service within USA (\$35.00)	
<input type="checkbox"/>	Courier Service Worldwide (\$70.00)	
TOTAL AMOUNT TO BE PAID		

PAYMENT METHOD		<i>(Cash and Personal Cheques are NOT accepted)</i>		AMOUNT: \$
<input type="checkbox"/>	 <i>(in person only)</i>	<input type="checkbox"/>	 <i>(Payable to Concordia University)</i>	
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
CREDIT CARD NUMBER			EXPIRY DATE (MONTH/YEAR)	
DATE	NAME AS IT APPEARS ON THE CREDIT CARD		CARDHOLDER'S SIGNATURE	

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

Processed: _____