



## 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)

## Request for Test Date Transfer / Refund

Requests will be processed within 5 working days

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

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

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






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

Date of Birth \_\_\_\_\_  
YYYY-MM-DD

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

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

**Administration Fee for Test Date Transfer is \$ 90.00**

<b>PAYMENT METHOD</b>		<i>(Cash, money order and Personal Cheques are <b>NOT</b> accepted)</i>		<b>AMOUNT: \$ 90.00</b>	
<input type="checkbox"/>  <i>(in person only)</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: \_\_\_\_\_