

Request for Test Date Transfer Form

Information for Candidates

Candidates who seek to transfer test dates within the five-week period prior to the test date will only receive a Test Date Transfer 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.

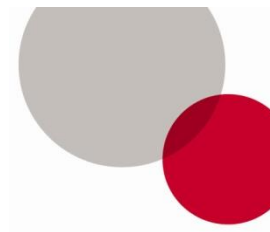
Application Process for Test Date Transfer

Candidates must lodge an application for Test Date Transfer no later than five working days after the test date.

Candidates must complete a Request for Test Date Transfer Form and attach the appropriate documentation and/or evidence. Acceptable documents may include a medical certificate from a qualified medical practitioner, a death certificate, or a police report. Statutory declarations and certificates signed by family members are not acceptable.

The Administrator will advise the candidate within one week of lodging the application whether or not their request has been approved.

Transfers – 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 Administrator 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 re-apply for the test.



Request for Test Date Transfer Form

Personal details

Title:

Given names:

Surname:

Address:

Telephone:

Email:

Test date registered for:

IELTS Reference no.

Preferred new test date:

Candidate statement (to be completed by the candidate)

Please detail your grounds for applying for a test date transfer (attach extra sheet if there is insufficient space).

Candidate signature:

Date:

Received by:

Date:

Test centre use only: Previous Request for Transfer

Registered test date	Date of prior application	Grounds for application		
		Medical	Personal	Other