

Request for Test Date Transfer Form

Personal details

Please provide ALL information.

Candidate Full Name	
Address	
IC / Passport Number	
Phone Number (include country code)	
Email Address	

Test Date Registered for	/ / (DD) (MM) (YYYY)
*Preferred New Test Date (*Subject to availability)	/ / (DD) (MM) (YYYY)
Test Module (Please circle)	General Training / Academic
Centre Name/ Number	

Please select the test that you registered for:

- IELTS (Paper Based) Computer-delivered IELTS IELTS for UKVI (Paper Based)
- IELTS for UKVI (Computer-delivered) Life Skills A1 Life Skills A2 Life Skills B1

Please select the test that you wish to transfer to:

- IELTS (Paper Based) Computer-delivered IELTS IELTS for UKVI (Paper Based)
- IELTS for UKVI (Computer-delivered) 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.

Please note:

Test Date Transfer:

- If there is a problem with your test date transfer application, we will contact you to arrange a suitable test date. If your test date transfer is successful, you will receive a new confirmation email giving you information about the arrangements for your new test date.

.....
Signature (Candidate)

.....
Date (DD/MM/YYYY)

For Office Use Only			
Received by CME		Date	
Processed by Exam Staff		Date	
Request Approved / Denied by Exams Manager		Date	