

# Request for Refund OR Test Date Transfer Form

## Melbourne Polytechnic - AU165



### PERSONAL DETAILS

TITLE:			
GIVEN NAMES:			
SURNAME:			
ADDRESS:			
TELEPHONE:		EMAIL:	

### Requesting Change for: REFUND REQUEST

Request is for (tick one box):	<input type="checkbox"/> TEST DATE TRANSFER	<input type="checkbox"/> TEST MODULE TRANSFER	<input type="checkbox"/> Refund
CENTRE NAME / NUMBER:	Melbourne Polytechnic / AU165		Last 4 Numbers of Your Credit Card
TEST DATE REGISTERED FOR:			XXXX _ _ _ _
MODULE REGISTERED FOR:	<input type="checkbox"/> ACADEMIC	<input type="checkbox"/> GENERAL TRAINING	Is the credit card still valid ? Yes      No

#### Please select the test that you registered for:

<input type="checkbox"/> IELTS (Paper Based)	<input type="checkbox"/> Computer - delivered IELTS
<input type="checkbox"/> IELTS for UKVI (Paper Based)	<input type="checkbox"/> IELTS for UKVI (Academic) (Computer-delivered)

PREFERRED NEW TEST DATE:	/ /
PREFERRED NEW MODULE:	<input type="checkbox"/> ACADEMIC <input type="checkbox"/> GENERAL TRAINING

#### Please select the test that you wish to transfer to:

<input checked="" type="checkbox"/> IELTS (Paper Based)	<input type="checkbox"/> Computer - delivered IELTS
<input type="checkbox"/> IELTS for UKVI (Paper Based)	<input type="checkbox"/> IELTS for UKVI (Academic) (Computer-delivered)

### Test taker statement (to be completed by the test taker)

Please detail your reasons for applying for a refund or 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 the nature of the illness and other relevant information (with reference to your 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 an extra sheet if there is insufficient space.)

---

---

---

---

---

---

---

---

---

---

The information on this form is collected for the primary purpose of assessing your request for a refund/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.

TEST TAKER SIGNATURE:		DATE:	/ /
-----------------------	--	-------	-----

### TEST CENTRE USE ONLY:

RECEIVED BY:		DATE:	/ /
--------------	--	-------	-----

Request (please select):	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	
AUTHORISED BY: (IELTS ADMINISTRATOR)		DATE:	/ /