



Request for Test Date Transfer Form

Personal Details

Title: _____

Given Name: _____

Surname: _____

Address: _____

Telephone: _____

Email: _____

Centre Name/Number: BRITISH COUNCIL TURKEY – TR002

Registered Test Date: (dd/mm/yy): / /

City: _____

Candidate number: _____

Preferred New Test Date(dd/mm/yy): / /

Preferred New Test City: _____

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: / /

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Test centre use only:

Registered Test Date	Transfer To (Test Date)	Grounds for Application		
		Medical	Personal	Other

Request approved

Request NOT approved

Approved By: _____ Signature: _____ Date: / /

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(IELTS Staff)