

# IELTS REFUND (MEDICAL OR TEST CANCELLATION)

## REFUND - Special circumstances e.g. illness or serious cause

Candidates who seek to cancel their registration within 34 days prior to the test date will only receive a refund if they can satisfy to the centre that their ability to sit the test has been affected by illness or serious cause. Serious causes include:

- Serious illness – e.g. hospital admission or serious injury (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

You must lodge an application for refund no **later than five calendar days** after the test date. You must complete the IELTS refund 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 centre will advise you within one week of lodging the application whether or not your request has been approved.

If your application is approved, you will receive a refund of **RM440.00** of the test fee.

All refunds will be processed within 4 weeks from the date of receipt of your application.

## CONTACT US

### KUALA LUMPUR CENTRE

Ground Floor, West Block, Wisma Selangor Dredging, 142C Jalan Ampang, 50450 Kuala Lumpur.

Tel : +603.2723.7900

Email : [kualalumpur.exams@britishcouncil.org.my](mailto:kualalumpur.exams@britishcouncil.org.my)

### PENANG CENTRE

Wisma Great Eastern, Suite 3A.1 & 3A.2, 25 Light Street, 10200 Penang.

Tel : +603.263.0330

Email : [penang.exams@britishcouncil.org.my](mailto:penang.exams@britishcouncil.org.my)

### KUCHING CENTRE

Chung Hua Middle School No. 1, Jalan Pending, 93450 Kuching, Sarawak.

Tel : +6082.346.044

Email : [sarawak.exams@britishcouncil.org.my](mailto:sarawak.exams@britishcouncil.org.my)

### KOTA KINABALU CENTRE

Ground Floor, 4 Jalan Api-Api, Off Jalan Gaya, 88000 Kota Kinabalu, Sabah.

Tel : +6088.222.059

Email : [sabah.exams@britishcouncil.org.my](mailto:sabah.exams@britishcouncil.org.my)

# REQUEST FOR REFUND FORM

Please print clearly and give ALL information.

I wish to cancel my IELTS test on:

Test Date:     /     /      
                  DD    MM    YY

Test Module: General / Academic  
(Please circle)

Name:			
Phone Number:		Email	

**Reason for the cancellation**

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*Note: if on medical grounds, please request your doctor to complete the form on the next page.*

- I understand that a refund of the test fee, less a cancellation fee of RM190.00, will be paid to me on cancellation of the test date. British Council will refund the amount of RM440.00 to me either in cash or cheque.
- I must return the IELTS confirmation letter.
- I must return the official receipt.
- Any other supporting documents

I would like my refund in:           **Cash / \*Cheque**

Please fill this in if you would your refund in cheque*	
Name (to appear on cheque)	
Address (to send cheque to)	

.....  
Signature

...../...../.....  
Date (DD/MM/YY)

For Office Use Only			
Received by (CRE's Name)		Date	
Processed by (Exams Staff)		Date	
Request confirmed/denied by (Exams Manager)			

# Supporting Documentation/Evidence: Medical

(This form must be accompanied by an original medical certificate).

**Professional Practitioner Certificate** (to be completed by medical practitioner)

Date/s of consultation: .....

Candidate affected on the test day (please circle appropriate letter)

- A totally unable to sit exam specify period .....
- B very severely affected but able to sit exam specify period .....
- C severely affected but able to sit exam specify period .....
- D moderately affected but unable to sit exam specify period .....
- E slightly affected but able to sit exam specify period .....
- F unable to assess ability to sit exam specify period .....

Candidate affected at some time prior to the test day (please circle appropriate letter)

- A totally unable to sit exam specify period .....
- B very severely affected but able to sit exam specify period .....
- C severely affected but able to sit exam specify period .....
- D moderately affected but unable to sit exam specify period .....
- E slightly affected but able to sit exam specify period .....
- F unable to assess ability to sit exam specify period .....

**Remarks:** 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:

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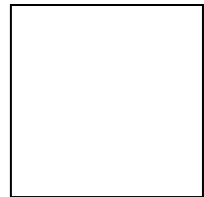
Practitioner's Name : .....

Address : .....

Contact Number : .....

Provider Number: (if applicable) .....

Stamp:



Signature: .....

Date: .....

**Supporting Documentation/Evidence: Other** (police report, military service notice, death notice).

Please specify and attach relevant documentation/evidence

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