

Request for Refund or Test Date Transfer Form



UNIVERSITY of CAMBRIDGE
ESOL Examinations

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 able 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 able 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 _____

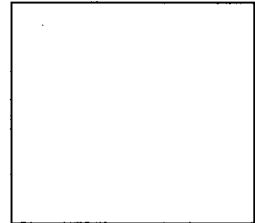
Remarks: nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

Practitioner's Name: _____

Address: _____

Phone 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

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.