Please submit this form to UOW College IELTS (uowcollege-ielts@uow.edu.au or Locked Bag 8814, Wollongong, NSW 2500) along with your original test report form no later than **5pm Friday six weeks after your test date.** Please provide all information clearly.

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Test Date:</td>
<td>Candidate Number:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
</tr>
<tr>
<td>Postal Address:</td>
<td></td>
</tr>
</tbody>
</table>

Re-mark ✓ (price is the same): ☐ Listening ☐ Reading ☐ Writing ☐ Speaking

Please debit my credit card for the amount of **$176.**

Card Number: ____________________________

Expiration Date: ____________________________

CSV Number: ____________________________

Name of Cardholder (please print): ____________________________

SIGNATURE OF Cardholder: ____________________________

- It will take 6-8 weeks for results to be returned.
- You are only permitted to request a re-mark within six weeks of the test date.
- The original test report form must be supplied with this application.
- Re-marks are independently marked. IDP: IA Head Office will notify the test centre of the re-mark result and you will receive a letter stating the final result.
- If your result is changed to a higher band score, you will receive a full refund and you will be issued with a new test report form. If there is no change, your test report form will be returned.

**Signature:** ____________________________  **Date:** ____________________________

If your result is changed to a higher score on being re-marked, the $176 fee will be refunded in full. This will be paid directly into your Australian bank account.

Please provide your bank account details (not your credit card details).

Bank Name: ____________________________________________

Branch Number / BSB: ____________________________________________

Account Number: ____________________________________________

Account Name: ____________________________________________

__________________________________________________________________________

OFFICE USE ONLY

Payment Taken By: ____________________________  Invoice Number: ____________________________  Date: ____________________________  Date Completed / Posted: ____________________________