

REQUEST FOR EXAM POSTPONEMENT



Last name: First name:

Date of birth: d m yr Place of birth (city):

Language: Level of exam: Exam type:

Candidate number:

Examination site:

Original exam date: m yr

Please explain your reasons and give documentation to the local exam centre (e.g. medical certificate, official declaration by the relevant authority/ military service/ police, death certificate of the deceased relative):

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I hereby accept that the exam can be re-scheduled **only once for the next exam period**. If the candidate applied for a complex exam, only the full exam can be postponed until the next exam date. If the candidate has registered for a partial exam (only written or oral exam), the partial examination can be postponed. Individual skills (Reading, Writing, Listening, and Speaking) cannot be postponed separately.

The local exam centre has the right to **accept or reject** the Request based on the submitted documentation.

If the candidate appears at the exam centre and starts the exam, his/her request cannot be accepted.

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signature