

**SECTION A (FOR STUDENT)**

Name of Student	NRIC/FIN/Passport No.
Email	Mobile Phone
Course Title	Commencement Date (DD/MM/YYYY)

Reason(s) for Withdrawal *(Please tick accordingly)*

Health (Attach Medical Certificate)

Official Overseas Posting ((Attach Company Letter)

Others (Attach Written Letter of Explanation/Supporting Documents)

Please specify \_\_\_\_\_

I hereby submit my withdrawal request and understand the following:

(a) that the paid course fee is refundable on following conditions:

% of [the aggregate amount of the fees paid under Schedule B of the Student Contract]	If Student's written notice of withdrawal is received
[100%]	Refer to Student Contract Clause 2.1
[85%]	("Maximum Refund") More than [60] days before the Course Commencement Date
[70%]	Before, but not more than [60] days before the course commencement date
[30%]	Before, but not more than [14] days before the course commencement date
[10%]	Before, but not more than [7] days before the course commencement date
[0%]	On or after the Course Commencement Date

(b) In the event that a company-sponsored student withdraws, the company is liable to pay any outstanding fees. Student who wishes to pursue the course after withdrawal shall be considered as a new applicant for the course

(c) Student shall be informed of the outcome of the withdrawal application in writing. Approval of withdrawal is at the sole discretion of the School

(d) International students are required to cancel their student's passes as required by the Immigration and Checkpoints Authority upon approval of the withdrawal

I agreed to bear all consequences resulting from this deferment.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: STUDENT SERVICE DEPARTMENT (OFFICIAL USE ONLY)**

Interview Remarks :

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Student still wishes to withdraw: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Refund: <input type="checkbox"/> Yes <input type="checkbox"/> No
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If eligible for refund, please state the payment date, amount paid and receipt/invoice number:

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Student Service Executive's Name	Signature	Date
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**SECTION C: FINANCE DEPARTMENT (OFFICIAL USE ONLY)**

Amount of Refund: \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

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Processed by	Date
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