



## WITHDRAWAL & REFUND REQUEST FORM

Name of Student: Mr/Mrs/Mdm/Ms \_\_\_\_\_ Date: \_\_\_\_\_

NRIC/FIN: \_\_\_\_\_ Passport No: \_\_\_\_\_

Contact No: \_\_\_\_\_ (O) \_\_\_\_\_ (H) \_\_\_\_\_ (Hp)

Course: \_\_\_\_\_ Commencement Date: \_\_\_\_\_

Reason(s) for Withdrawal: \_\_\_\_\_

Date of final attendance in School: \_\_\_\_\_

Amount of Course Fee Paid for the Module	Receipt / Invoice No.

**Terms and Conditions for withdrawal and refund:**

- One month notice** to be given for request of course withdrawal **OR** **One month** course fee in lieu of notice to be payable by student.
- Please refer to the Terms and Conditions for Course Fee Refund Policy as stated in the Standard Student Contract.**
- All necessary documents must be attached together with this form.

Requested By: \_\_\_\_\_ (Signature of Student / Date)

**For Office Use Only**

Amount of Fees to be refunded: S\$ \_\_\_\_\_

**Less:** Admin Charge: S\$50.00

**Less:** Outstanding Fee (if any): S\$ \_\_\_\_\_

Total Amount of Fees refunded: S\$ \_\_\_\_\_

Duration taken to refund the fees: \_\_\_\_\_ Days (must be less than 14 working days from date of receipt of refund application)

Withdrawal Application Verified By: \_\_\_\_\_

Withdrawal Requested Approved By: \_\_\_\_\_

\_\_\_\_\_  
Name/Date:

\_\_\_\_\_  
Name/Date:

**Acknowledgement of Refund Received**

I, \_\_\_\_\_ (Student Name),  
NRIC/FIN \_\_\_\_\_ hereby acknowledge receipt of  
S\$ \_\_\_\_\_ as refund of Course fee from the  
School on \_\_\_\_\_ (Date).

Confirmed by:

\_\_\_\_\_  
(Signature of Student/Date)