

1. PERSONAL DETAILS

Student number (8 digit number)

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Family name: _____ Given name: _____

Nationality: _____ Course: _____

Email Address: _____ Mobile Phone: _____

Cancellation of Student Pass :

FIN Number (Student Pass Number): _____ Student Pass Expiry Date: _____

Passport Number: _____ Passport Expiry Date: _____

Current Whereabouts: In Singapore (Leaving on : _____) Out of Singapore

Note: Student Pass will be cancelled upon approval.

2. Withdrawal Request

Statement for Course Withdrawal (Please Indicate the reasons why you wish to Withdraw from the University)

3. FEES

IMPORTANT

Conditions for Refund: Students have a cooling off period of 7 working days from the date on which they sign their contract. Notice of withdrawal must be received in writing from the student within this seven day cooling off period regardless of whether the Student has started the course or not. Students must also submit withdrawal notice not more than 21 days prior to the course commencement date to be entitled for a refund (subject to the cooling off period provision). Kindly refer to section 2 of your student contract.

Please fill up the below details if student is eligible for a refund:

Name on bank account: _____ Bank branch: _____

Name of bank: _____ Swift code: _____

Bank account number: _____ Bank address: _____

4. DECLARATION

I declare that the information provided is true and accurate to the best of my knowledge and that I have not willfully suppressed any information. I understand that information contained in this form is collected for administrative purpose, and that some information may be released. Personal information will not be passed onto any other external bodies without prior authorization or consent unless a valid legal request has been made.

I understand that any refund of my course fees are subjected to the conditions stipulated under Section 2 of my Student Contract.

Student Signature: _____

Date (dd/mm/yyyy): ____/____/____

5. COUNSELLING

Remarks by Student Counsellor

Comments: _____

Signature of Student Counsellor _____

Date: ____/____/____

6. ACADEMIC ADVISING

Recommendation by Associate Director of AEE / HOD / Academic Manager

Comments: _____

Signature _____

Date: ____/____/____

7. APPROVAL

Refund: Yes No

Signature of Director, Finance : _____ Date (dd/mm/yyyy): ____/____/____

REFUND DETAILS

Description	Amount (S\$)
Tuition fee	
Others, please specify:	
Less: Administration charge	(S\$32.10)
Less: SPS cancellation	(S\$25.00)
Less: Bank charge	
Total amount refundable	

8. ACTIONS TO BE TAKEN

Cancellation of Student Pass Date Processed (dd/mm/yyyy): ____/____/____ Staff's name: _____

Issuance of Withdrawal letter Date Processed (dd/mm/yyyy): ____/____/____ Staff's name: _____