**COURSE TRANSFER / WITHDRAWAL FORM**

**(Please tick ✓ where applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Transfer |  | Course Withdrawal |  |

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| **Section A: Personal Particulars** |
| Name of Student |  |
| Student ID |  |
| NRIC / FIN No. |  |
| Student Pass Expiry Date\*(if applicable) |  |
| Mobile No. |  |
| Email Address |  |
| Refund Cheque Payee Name(if applicable) |  |
| Bank Name & Account No. |  |

\*Please attach completed ICA forms

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| **Section B: Course Transfer/Withdrawal Details**  |
| Current Course |  |
| Modules Completed |  |
|  |
| Proposed Course(if applicable) |  |
| Proposed Course Start Date |  |
| Proposed Course End Date |  |
| Please tick ✓ where applicable: |
| Scholarship Scheme |  | Loan Scheme |  |
| NS Deferment |  | NS Deferment Period |  |

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| **Section C: Reason(s) for Course Transfer/Withdrawal** |
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| **Section D: Applicant’s Declaration** |
| I declare that the information provided is true and accurate to the best of my knowledge. I understand that the information contained in this form is collected for enrolment and administrative purposes, and that some information may be released for administrative purposes. Personal information will not be passed on to any external body without prior authorization, unless a valid legal request has been made. |
|   |  |
| Signature | Date |

|  |
| --- |
| **Section E: For Official Use** |
| Received On |  | Received By |  |
| Approved By |  | Designation |  |
| Signature |  | Date |  |
| Student Notified By |  |  |  |
| **Refund Details (if applicable)** |
| Total Course Fees Paid |  | Medical Insurance & FPS |  |
| % of Refund |  | Refund Amount |  |
| **Action Required** |
| Re-issue Student Contract |  | Re-purchase FPS |  | Change of Installment Plan |  |
| Cancel Student Pass |  | Cancel FPS |  | Issue Approval Letter |  |
| Others |  |
| Done By |  | Date |  |