

Withdrawal Request Form

Name of student	
Student no. (if applicable)	
Date of birth	
Tel no.	
Course	
Date of commencement	

I wish to request to withdraw from my course of study. I understand the school's withdrawal policy which is on the school's website.

Effective date of withdrawal : _____ (if this is unfilled, the effective date of withdrawal will be the date this form is received by the school)

Note:

- 1 Withdrawal means the student contract is terminated and the student is no longer a student of this school.
- 2 A transfer to another private school is also regarded as a withdrawal from the course of study at this school.

Reason: _____

SIGNED by the Student

SIGNED by the Student's parent or legal guardian (if the student is under eighteen (18) years of age)

Signature and date:

Signature and date:

Name of Parent or Legal Guardian:

NRIC / Passport No:

FOR OFFICE USE

Remarks by Counsellor / Handling Staff

Signature & date

Remark from Finance Manager

Signature of staff & date

Remarks by Director

Signature of Director & date