



Transfer/Withdrawal Form

Section A: COURSE INFORMATION

Course Enrolled	
Commencement Date of Course	Course End Date

Section B: STUDENT'S PARTICULARS

Name of Student		
Nationality	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		Postal Code
Hand Phone No.	House Tel. No.	E-mail Address

Section C: APPLICABLE TO STUDENT UNDER THE AGE OF 18 ONLY

Parent's/Guardian's Name	
Mailing Address	
E-mail Address	Contact No.

Section D: TYPE OF PROCESS

Please tick the process you want to request or apply: Transfer Withdrawal

Section E: REASONS FOR TRANSFER OR WITHDRAWAL

State your reasons for transfer or withdrawal:

Section F: DECLARATION BY STUDENT

I declare that the information given is true and accurate to the best of my knowledge and I have not willingly suppressed any information. I am fully aware of the school's current transfer/withdrawal policy and refund policy.

For International students: I understand that my student's pass has to be surrendered for cancellation with ICA.

Student's Signature: _____ Date: _____

For Official Use Only <input type="checkbox"/> Received By Name & Signature: _____ Date: _____ <input type="checkbox"/> Parent's Letter of Consent (if under 18 yrs. Old) Date: _____ * If letter of consent was not attached to this form <input type="checkbox"/> Arrangement for counselling or interview Date: _____ <input type="checkbox"/> Submit to Principal for review and approval Date: _____ <input type="checkbox"/> Submit to Finance Department for refund (if applicable) Date: _____ <input type="checkbox"/> Inform the student Date: _____ <input type="checkbox"/> Issuance of past attendance records and results (if applicable) Date: _____ <input type="checkbox"/> Inform relevant parties (FPS, Bank, ICA and/or CPE) Date: _____

FOR OFFICIAL USE ONLY**COUNSELLING AND INTERVIEW PROCESS**

Date of Counselling/Interview Appointment _____ Time: _____

Comments : _____

Counsellor/Interviewer Signature _____ Date: _____

TRANSFER OR WITHDRAWAL STATUS

Approved Rejected

Principal's Signature : _____
Date : _____

FINANCE DEPARTMENT

Amount to be refunded (if applicable) : _____
Name of Approving Director : _____ Date: _____