Student Request for Refund Form

Refund Procedure:

a. Students are required to submit the Student Request with any supporting documentation. Reasons for refund must also be clearly documented in Student Request for Refund Form.
b. All refunded amounts need to strictly adhere to the refund policy as stated in the student contract unless otherwise decided by Head of Admin.
c. Upon approval by Head of Admin, the School will issue a formal letter to the student/parent on the refund status and collection of the refund payment within 7 working days.

Section A: COURSE INFORMATION

Course Enrolled	
Commencement Date of Course	Course End Date

Section B: STUDENT'S PARTICULARS

Name of Student		
Nationality	Age	Sex □ Male □ Female
Mailing Address		Postal Code
Hand Phone No.	House Tel. No.	E-mail Address

Section C: REASON(S) OF THE REFUND REQUEST

State the reason of your refund request, attach any supporting document.

Section D: Refund Policy

% of [the amount of Course Fees and Miscellaneous Fees paid under Schedules B and C]	If the Contracting Party's written notice of withdrawal is received:
[70%]	more than [30] working days before the Course Commencement Date
[0%]	on or before, but not more than [30] working days before the Course Commencement Date
[0%]	after, but not more than [7] working days after the Course Commencement Date
[0%]	more than [7] working days after the Course Commencement Date

Section E: 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 refund policy.

Student's Signature: _____ Date: _____
Or Parent/Legal Guardian Signature (for Student under 18 years of age)

Section F: Student Acknowledgement of Refund Computation

I acknowledged that I understand the computation of my refund from Genetic Computer School.

I hereby confirm that $_____ amount of refund is acceptable to me.

Student's Signature: _____ Date: _____
Or Parent/Legal Guardian Signature (for Student under 18 years of age)

Student's Name : _____

Section G: Student Sign for Refund payment received

Amount to be refunded (if applicable) :__$_____

By Bank Transfer, Details of Bank Account : _____

By Cheque , Payable to:_____

Date of Refund Payment : _____

Or Attach Proof of Refund Payment

Student's Signature: _____ Date: _____
Or Parent/Legal Guardian Signature (for Student under 18 years of age)

Student's Name : _____

FOR OFFICIAL USE ONLY

COMPUTATION OF THE REFUND (BY Head of Admin)

$

Head of Admin, Name and Signature: _____ Date : _____

REFUND REQUEST STATUS (tick 3 boxes)

☐ Approved ***or*** ☐ Rejected

☐ Eligible Refund ***or*** ☐ Goodwill Refund (*case by case basis*)

☐ Full Refund ***or*** ☐ Pro-rata refund

Head of Admin, Name and Signature: _____ Date : _____

Reason(s) for Approval / Rejection (Please delete): _____
_____

FINANCE DEPARTMENT (issuance of the refund shall not exceed more than 7 working days)

Attach proof of payment.

* A formal letter will be issued to student to inform on the status of the refund request within (7) working days.