

## **COURSE TRANSFER / WITHDRAWAL FORM**

(Please tick ✓ where applicable)

Course Transfer		Course Withdrawal	
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(Please write clearly in capital letters)

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	
Bank Account Holder's Name	
Bank Account Holder's Address	
Bank Account No.	
Bank Branch	
Bank Address	
Bank SWIFT Code	

\*Please attach completed ICA forms

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	

**Section C: Reason(s) for Course Transfer/Withdrawal**


**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		Date	
<b>Refund Details (if applicable)</b>			
Total Course Fees Paid		Medical Insurance & FPS	
% of Refund		Refund Amount	
<b>Action Required</b>			
Re-issue Student Contract		Re-purchase FPS	
Cancel Student Pass		Cancel FPS	
Others			
Done By		Date	