Student Request Form

Type of transaction: (tick where applicable)

☐ Transfer   ☐ Withdrawal   ☐ Refund   ☐ Others

☐ Deferment of Course   ☐ Deferment of module

(A) Student’s Particulars

Request Date: ________________________________

Name of Student: ________________________________________________________

NRIC/ FIN No: ___________________________  Contact No.: ____________________

Email Address: ______________________________________________________

Course Title: ______________________________________________________

Class Code: ______________________________________________________

Commencement Date: _________________  End Date: _________________

(B) Reasons of Request:

____________________________________________________________________

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____________________________________________________________________
1. For Authorized Use Only:
   ☐ Sales & Marketing    ☐ Student Services:

   **1st Interview:**

   Name of Staff: 
   
   Comments:
   
   
   
   
   
   
   
   
   
   
   Signature: ____________________  Date: __________

   **2nd Interview:**

   Name of Staff: 
   
   Comments:
   
   
   
   
   
   
   
   
   
   
   Signature: ____________________  Date: __________

   **Approved By Assistant Manager/Manager of:**
   ☐ Sales & Marketing    ☐ Student Services

   Comments:
   
   
   
   
   
   
   
   
   
   

   Approved By (Name): ____________________  Signature: ____________________  Date: __________
2. For Finance Use Only:

Receipt No: __________________________

Amount Payable by student: __________________________

For Refund only:

Name of Staff: __________________________ Date: ________________

Refunded Amount: __________________________

Cheque No.: __________________________ Issued Date: ________________

Remarks:

_____________________________________________________________________
_____________________________________________________________________

Approval By:

Finance Manager (Name): __________________________

Signature: __________________________ Date: ________________

Exec. Director (Name): __________________________

Signature: __________________________ Date: ________________