SMa Institute of Higher Learning
2 Bukit Merah Central #11-00 SPRING Singapore Building Singapore 159835

REQUEST FOR WITHDRAWAL

Please complete the form and submit to our Student Services Office

SECTION A

Student's Name (as in NRIC / Student Pass):	Student ID No. /FIN No. (Int'l):	NRIC No. (Local)/Passport No. (Int'l):
Course:	Course Commencement Date:	Date of Final Attendance:
Study Mode: ☐ Full-time ☐ Part-time	Email Address:	Contact No.:

Total Course Fee Paid:	Receipts Reference:

Reason for Withdrawal:

☐ Personal/Family Issues ☐ Work Commitment ☐ Financial constraints ☐ Medical Reason (MC provided)

☐ Transferring to another school:- Transferring to: _____

Transfer due to:
(state reason/s) _____

☐ Quality of Programme/Teaching ☐ Others (please specify reason/s): _____

Address and Contact No. Update:
(Student Pass holder to include foreign contact details)

I understand and agreed to bear all consequences resulting from this course withdrawal. Please process this (my) request.
I agree to accept the terms and conditions for Withdrawal and Refund as indicated in the Student Contract and Student Handbook of SMa Institute.

Student's Signature: **Date:**

FOR OFFICIAL USE ONLY

SECTION B

Request Received By:	Withdrawal	Refund
	☐ Approved by ☐ Rejected by	☐ Approved by ☐ Rejected by
SS (Name/Signature/Date)	SS Mgr / HOS (Name/Signature/Date)	FINANCE (Name/Signature/Date)

PAYMENT RECORD & CALCULATION

SECTION C

Acknowledgement of Refund Received

I hereby acknowledge receipt of S$_____ as refund of Course Fee from SMa Institute of Higher Learning.

Student's Signature: **Date:**

Withdrawal Processed and Cheque Issued to Student By:	Remarks (if any):
SS (Name/Signature/Date)	

This form is to be attached together with the Student Counselling Statement (if applicable) and filed into Student's Personal File