SMa Institute of Higher Learning
(formerly known as SMa School of Management)
2 Bukit Merah Central #11-00 SPRING Singapore Building Singapore 159835

REQUEST FOR POST-ENROLMENT WITHDRAWAL

Please complete the form & submit it to our Student Services Office

SECTION A

Student's Name (as in NRIC / Student Pass):		**Student ID No.:**
Course/s:	**Contact No.:**	**Email Address:**

Course Commencement Date:	**Amount of Course Fee Paid:**	**Receipt/Invoice No.:**	**Date of Final Attendance in SMa-SOM:**

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):

Address & 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 & conditions for Withdrawal and Refund as indicated in the Student Contract and Student Handbook of SMa IHL.

Student's Signature: **Date:**

FOR OFFICIAL USE ONLY

SECTION B

Request Received By:	**Withdrawal & Refund Approved By:**	**Refund Processed By:**
(Name & Signature)	**(Name & Signature)**	**(Name & Signature)**

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 & Cheque Issued to Student By:	**Remarks** (if any):
(Name & Signature)	

Please return this Form to the Student Services for filing when process is completed