

APPLICATION FOR REFUND

STUDENT PARTICULARS

Student Name: _____ Student No. : _____

Program : _____ IC/Passport No.: _____

Email : _____ Contact No. : _____

Please tick in appropriate box

Application Fee Course Withdrawal Program Termination

Scholarship Others: _____
(Please specify)

Description of Appeal:

Special Request:

(Student Signature)

(Date)

STUDENT SERVICE DEPARTMENT

Validated by Program Management Staff : _____ [name] _____ [signature]

Date of Validation : _____

Description of Supporting Documents Attached: (e.g. transcript, medical certificate)

(1) _____

(4) _____

(2) _____

(5) _____

(3) _____

(6) _____

Computation of Refund Value

ACCOUNTS DEPARTMENT

Approved Refund Amount: _____

Checked by : _____ [name] _____ [signature]

Approved by: _____ [name] _____ [signature]
(Director/General Manager)

Cheque no. : _____

Received by : _____ Signature/Date: _____