

## COURSE \*TRANSFER / WITHDRAWAL REQUEST FORM

**NOTE: If you are under 18 years of age, the Centre will seek your parent's/guardian's approval prior to processing your request. (\*Please delete as required.)**

<b>SECTION A: COURSE INFORMATION</b>			
Course Name: _____			
<b>SECTION B: STUDENT'S PARTICULARS</b>			
Name of Student (as in NRIC/Passport)			Student ID: _____
*NRIC/Passport No./FIN No.	Nationality	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address			Postal Code
Handphone No.	Residential Tel No.	E-mail Address	
<b>SECTION C: APPLICABLE TO STUDENT UNDER THE AGE OF 18 ONLY</b>			
Parent's/Guardian's Name		Contact No.	
<b>SECTION D: REASONS FOR TRANSFER / WITHDRAWAL</b>			
<input type="checkbox"/> Quality of Program/Teaching	<input type="checkbox"/> Withdrawal & transfer to another school. _____		
<input type="checkbox"/> Personal / Family Issue	Reason for transfer: _____		
<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> Transfer to another course. Transferring to: _____		
<input type="checkbox"/> Others (please specify): _____	Reason for transfer: _____		
<b>SECTION E: DECLARATION BY STUDENT</b>			
<input type="checkbox"/> I declare that the information given is true and accurate to the best of my knowledge and I have not willingly suppressed any information. I am fully aware of the Centre's current refund policies.			
_____ Signature of Student		_____ Date	
_____ Signature of Parent / Guardian		_____ Date	

**NOTE: A letter will be issued to student to reject or to effect the withdrawal or inform the result of transfer within 4 weeks.**

<b>SECTION F: ACKNOWLEDGEMENT BY STUDENT (ONLY UPON APPROVAL)</b>	
<input type="checkbox"/> I declare that the information given is true and accurate to the best of my knowledge and I have not willingly suppressed any information. I am fully aware of the Centre's current refund policies.	
<input type="checkbox"/> I acknowledge that the course * withdrawal / transfer will be made effective by signing this acknowledgement. I understand that my current contract with INSPIRE is terminated with immediate effect.	
<input type="checkbox"/> International student: I understand that my student pass will be cancelled with ICA within the next working day of the cessation of studies and I have to return my student pass for cancellation within 3 days.	
<b>For Course Transfer Only</b>	
<input type="checkbox"/> I understand that I am required to sign a new student contract in order to transfer to a new course.	
<input type="checkbox"/> International student: I understand that a new Student Pass will be applied after signing the new contract with INSPIRE.	
_____ Signature of Student	_____ Date
_____ Signature of Parent / Guardian	_____ Date

*All the information obtained in this form will be kept confidential and for internal use only. Consent will be sought from the student should particulars of the students be used for purposes other than internal marketing and billing.*

<b>FOR OFFICIAL USE ONLY</b>			
<b>STUDENT INTERVIEW (WITHDRAWAL)</b>			
Comments			
Interview conducted by:		Interview conducted on:	
_____		_____	
Name & Signature of Interviewer (MT)		Date	
<b>APPROVAL FOR * WITHDRAWAL / TRANSFER BY MANAGEMENT TEAM</b>			
*Please delete as required.			
Withdrawal: <input type="checkbox"/> Student Interview (Withdrawal) conducted <input type="checkbox"/> Student Exit Interview (AP15) form filled in.			
Transfer to New Course:			
<input type="checkbox"/> Course entry requirements checked, student fulfils requirements.			
<input type="checkbox"/> Pre-Course Counseling conducted			
Outcome: <input type="checkbox"/> Approved			
Outcome: <input type="checkbox"/> Rejected			
Reason(s) for rejection:			
<b>DOES STUDENT QUALIFY FOR REFUND?</b>			
<input type="checkbox"/> Yes, proceed with refund procedure		<input type="checkbox"/> No, please explain to student	
Approved by:			
_____		_____	
Name & Signature of MT		Date	
<b>ADMIN PROCESSING</b>			
Type of Processing			
<input type="checkbox"/> Cancellation of Student's Pass Date of Cancellation: _____		<input type="checkbox"/> Transfer of School Date of Transfer done: _____	
<input type="checkbox"/> Student's Pass card submitted			
Name & Signature of Administrator:		Date:	