

## **COURSE DEFERMENT 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 / MODULE INFORMATION</b>			
Course Name:			
Module / Subject Title:			
<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: REASON FOR DEFERMENT (PLEASE ATTACH SUPPORTING DOCUMENTS)</b>			
<input type="checkbox"/> Medical Grounds (attach medical certificate) <input type="checkbox"/> Financial Constraints <input type="checkbox"/> Others (please specify) below:			
<b>SECTION E: DECLARATION BY STUDENT</b>			
I declare that the information given is true and accurate to the best of my knowledge and I have not willingly suppressed any information			
<input type="text"/> Signature of Student		<input type="text"/> Date	
<input type="text"/> Signature of Parent / Guardian		<input type="text"/> Date	

**NOTE: A letter will be issued to student to reject or to approve the deferment within 4 weeks.**

*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>APPROVAL OF COURSE DEFERMENT BY MANAGEMENT TEAM</b>	
*Please delete as required.	
Outcome: <input type="checkbox"/> Approved	
Outcome: <input type="checkbox"/> Rejected Reason(s) for rejection:	
Approved by:	
_____	_____
Name & Signature of MT	Date
<b>PAYMENT RECORD AND CALCULATION</b>	

<b>SECTION F: ACKNOWLEDGEMENT FOR FEE TRANSFER</b>	
I hereby acknowledge that my fee amount of S\$_____ will be transferred for later study with Inspire Education Centre and this fee will be forfeited if I failed to recommence my study with the Centre by _____	
_____	_____
Name & Signature of Student	Date
_____	_____
Name & Signature of Parent / Guardian	Date