

WITHDRAWAL FORM

SECTION A: COURSE INFORMATION	
Course Enrolled (please state English or Mandarin version if applicable)	
Commencement Date of Course	Course Code

SECTION B: APPLICANT'S PARTICULARS (*Please delete accordingly)			
Name of Applicant (as in NRIC/Passport)			
*NRIC/Passport No.	Nationality	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			Postal Code
Handphone No.	Home Tel No.	Office Tel No.	E-mail Address
Funding <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Funding <input type="checkbox"/> SEP <input type="checkbox"/> SDF <input type="checkbox"/> Others			

SECTION C: APPLICABLE FOR COMPANY SPONSORED APPLICANTS ONLY		
Name of Company		
Company Address		Postal Code
Name of Company Representative		Designation
Telephone No.	Fax No.	Email Address

SECTION D: REASONS FOR WITHDRAWAL	
<input type="checkbox"/> Quality of Program/Teaching <input type="checkbox"/> Personal / Family Issue <input type="checkbox"/> Financial Constraints <input type="checkbox"/> Work Commitment	<input type="checkbox"/> Transfer to Other School a) Transferring to: _____ b) Reason for transfer: _____ <input type="checkbox"/> Others (please specify): _____

SECTION E: DECLARATION BY STUDENT	
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 school's current refund policies.	
I am aware that funding will cease once I withdraw and I will pay PSB Academy the supported amount of fees.	
For international students: I understand that my student pass has to be surrendered for cancellation with ICA within the next 3 working days.	
_____ Signature of Student	_____ Date

WITHDRAWAL FORM	
FOR OFFICIAL USE ONLY	
INTERVIEW PROCESS	
Date of Interview	
Name of Interviewer (1)	
Name of Interviewer (2)	
Comments	
_____ Signature of Interviewer 1	_____ Signature of Interviewer 2
ADMISSION	
Type of Processing <input type="checkbox"/> Cancellation of Student Pass Date of Cancellation _____ <input type="checkbox"/> Transfer of School	Documents Submitted <input type="checkbox"/> Student Pass / Visa <input type="checkbox"/> Transfer Form
Comments	
_____ Staff's Name & Signature	_____ Date

NB: All information provided are treated with strictest confidentiality and are meant for internal use only.