



Date Received

Personal Details

Student ID No: Name of student:

Name of course: Amount to be refunded:

Contact telephone no: Email:

Student NRIC/FIN No: Expiry date for student pass:

Reason for Deferment

Supporting Documentation

A student must provide sufficient documentation to support his/her case.

Medical reasons

A statement from a doctor stating:

1. the date the student's medical condition began or changed;
2. how the student's condition affected his/her ability to study; and
3. when it became apparent the student could not continue with his/her study.

Family personal reasons

A statement from a doctor, counselor or independent member of the community stating:

1. the date the student's personal circumstances began or changed;
2. how the circumstances affected the student's ability to study; and
3. when it became apparent the student could not continue with his/her study.

Employment related reasons

A statement from the student's employer stating:

1. the date the student's employment began or conditions of employment changed; and
2. how it prevents the student from continuing with his/her studies.

Declaration by student

I understand that there is an administrative charge of S\$50 and the reasons stated is not false

Signed by student / Date Verified by / Date

<input type="checkbox"/> Yes <input type="checkbox"/> Not approved, reason as follow:
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Signed by Principal Date