

Withdrawal Request Form

Name of student	
Student no. (if applicable)	
Date of birth	
Tel no.	
Course	
Date of commencement	

I wish to request to withdraw from my course of study. I understand the school's withdrawal policy which is on the school's website, student contract and student handbook.

Note:

- 1 Withdrawal means the student contract is terminated and the student is no longer a student of this school.
- 2 A transfer to another private school is also regarded as a withdrawal from the course of study at this school.

Reason: _____

SIGNED by the Student

SIGNED by the Student's parent or legal guardian
 (if the student is under eighteen (18) years of age)

 Signature and Date:

 Signature and Date:

Name of Parent or Legal Guardian:

NRIC / Passport No:

