

DEFERMENT APPLICATION FORM

Instructions: Your application for deferment will only be processed after all applicable sections are duly completed. If you are under 18 years old, your parent/guardian signature is required on the form before the school process your request. When/if deferment is granted the student contract will be terminated and any refund will be strictly governed by the school's refund policy.

Section A: Course Information	
Name of the course: _____	
Commencement Date of the course:	Student Contract No:

Section B: Applicant's Particulars
Name of Applicant(as in NRIC/Passport):

Section C: Reasons for Deferment
<input type="checkbox"/> Medical Conditions <input type="checkbox"/> Financial Problems <input type="checkbox"/> Personal Reasons, please state Reasons: _____

Section D: Bank Details (For International Students Only)			
<i>(Please provide the required details if you are applying for a refund, so as to allow us to transfer any money to your bank account. Refund terms are strictly governed by the school's refund policy.)</i>			
Name of the Bank/Branch:			
Bank Address:			
Bank Account No.		SWIFT Code	
Bank Account Name			
Beneficiary/Payee Mailing Address			

Note: Any refund made to local students will be via a cheque issued by a local bank. For international students, payment will be made via telegraphic transfer and all bank charges incurred will be borne by the student.

Section E: Declaration by the student	
I declare that the information given is true and accurate to the best of my knowledge. I am fully aware of the school's deferment and refund policies. For International Students: I understand that my student's pass has to be surrendered for cancellation with ICA within the next 7-working days.	
Signature of the Student	Date
Name and Signature of Parent/Guardian (if student is below 18 years of age)	Date

For Official Use only	
Senior Management	
<input type="checkbox"/> Deferment is approved. Deferment is allowed for a maximum of 12 months. <input type="checkbox"/> Deferment is NOT approved. . Remark (if any): _____	
Name and Position	
Signature and Date	
Admissions/Student Services Department	
Student's Pass <input type="checkbox"/> Cancellation of Student's Pass Date of Cancellation _____	Documents Submitted <input type="checkbox"/> Student's Pass Cards <input type="checkbox"/> STP Cancellation Form
Accounts Department	
<input type="checkbox"/> No refund according to school's refund policy <input type="checkbox"/> Amount to be refunded if any _____ <input type="checkbox"/> Refund made on _____	Mode of refund (if any): <input type="checkbox"/> Insworld Cheque No _____ <input type="checkbox"/> HSBC EduSphere

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