

## WITHDRAWAL FORM

**INSTRUCTIONS:**

This form is to be completed by students requesting for a withdrawal due to circumstance beyond their control. Incomplete applications will not be processed.

**All information provided is treated with strictest confidentiality and are meant for internal use only.**

**Section A: Student Particulars**

<b>Name of Student</b>		<b>Student ID:</b>	
<b>NRIC No./ FIN:</b>	<b>Contact No:</b>	<b>Email Address:</b>	
<b>Programme Name:</b>		<b>Intake Term:</b>	<b>Duration:</b>

**Section B: Withdrawal**

**REASONS FOR WITHDRAWAL [include details of consultation with Head of Academic, if applicable]**

**Section C: Declaration**

**I understand and agree to the following terms and conditions (Please tick (✓) accordingly):**

- All miscellaneous fees paid to the GSTM Pte Ltd are non-refundable. Only the paid course fees are refundable on the following conditions:

<b>% of aggregate amount of the fees paid as per GSTM Standard Student Contract</b>	<b>If Student's written notice of withdrawal is received</b>
[75%]	("Maximum Refund") More than 30 days before the Course Commencement Date
[50%]	Before, but not more than 7 days before the Course Commencement Date
[25%]	After, but not more than 7 days after the Course Commencement Date
[0%]	More than 7 days after the Course Commencement Date

- Student shall be liable for any fee waivers, promotional rates, or any other fees, as per GSTM withdrawal policies. In the event that a company-sponsored student withdraws, the company is liable to pay any outstanding fees. Student who wishes to pursue the course after withdrawal shall be considered as a new applicant for the course.
- Student shall be informed of the outcome of the withdrawal application in writing. Approval of withdrawal is at the sole discretion of the school.

I declare that the information given is true and accurate to the best of my knowledge and I have not willingly suppressed any information.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

**Date received (DD/MM/YYYY):** \_\_\_\_\_

**Name and Signature of Staff process the application:** \_\_\_\_\_

**APPROVAL**

**RECOMMENDATION FROM HEAD OF ACADEMIC**

- Recommended for approval
- Not recommended for approval

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Academic

Name:

Date:

**REFUND DETAILS (IF APPLICABLE)**

\_\_\_\_\_  
Signature of Finance Executive

Name:

Date:

**ACTIONS TO BE TAKEN BY STUDENT SERVICES DEPARTMENT**

**Date update the student record (DD/MM/YYYY):** \_\_\_\_\_

**Name of Staff to update the record:** \_\_\_\_\_

**Checklist:**

- Update the Student Database
- Issuance of approval letter for withdrawal application
- Others, please specify:  
\_\_\_\_\_