Refund Request Form

Name of Student:	**Student NRIC/ Fin. No.:**
Name of Course Currently Enrolled in:	**Expiry Date of Student Pass:** ☐ **Not received yet**
Contact Number	**Email**

Refund Type

☐ **Course Fee** ☐ **Miscellaneous Fees** ☐ **Excess Payment**

☐ **Others:**

Reasons for Refund Request

Refund Options

☐ Bank Transfer

☐ Cash

☐ Others:

_____ _____

Signature of Student Date

For School Use Only

Receipt of Request for Refund

Calculation of Refund Amount:

Refund Amount:_____

_____
Executive, Admissions and Operations Division

Date

Outcome of Request

☐ **Approved** ☐ **Not Approved**

Remarks, if any:

_____ _____
CEO Date

Payment Details (if applicable)

Mode of payment:

Done by: **Designation:**

Date: **Signature:**

Acknowledgement of Payment Received by Executive, Admissions and Operations Division

Name:

Signature:

Acknowledgement of Refund Amount Received by Student

Name:

Signature:

Date: