

Course Withdrawal Request Form

SECTION 1 : STUDEN	IT'S PARTICULARS		
Name	:		
Student ID/Fin No.			
Course Enrolled			
<u>Declaration</u>			
	intention to withdraw from the cou 's refund policy.	urse stated above. I understand ar	nd agree that any refunds will be
Student's Signature		-	Date
For Students below th	ne age of 18 years old,		
Parent's / Guardian's Name & Signature			Date
SECTION 2: FOR OFF	FICIAL USE ONLY		
	al Request and Parent's Consent		
	ompanying parent's consent was p	provided with the application if stu	dent is below 18 years old.
Name	:	Designation :	
Date	:	Signature :	
<u>Is Student Eligible for</u>	Refund? (Refer to Refund Request	t Form for Details)	
□ Yes	□ No		
SECTION 3: WITHDR	AWAL DETAILS		
	Reasons for Withdra	wal (Through Interview Session)	



SECTION 4: INTERVI	EWER'S DETAILS			
Name	:	Designation :		
Date	:	Signature :		
SECTION 5: MANAGEMENT APPROVAL				
Withdrawal Request is	: □ Approved	□ Rejected		
Approver's Name	:	Designation :		
Date	:	Signature :		