Please read the following instructions and notes carefully before submitting the Withdrawal & Refund Request form:

1. Please submit the completed form with the supporting documents to the School at 100 Orchard Road #04-100 Concorde Hotel Singapore 238840 or via email at [feedback@aventisglobal.edu.sg](mailto:studentsuccess@ags.edu.sg%20).
2. The review process will not take more than four (4) weeks from the receipt of the duly completed Withdrawal & Refund Request Form, and the student will be notified in writing on the outcome via Notification of Course Withdrawal.
3. For withdrawals with refund, the school will process the student’s request by the next working day and process the refund to the student within 7 working days.

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| **SECTION A (FOR STUDENT)** | | |
| Name of Student | | NRIC/FIN/Passport No. |
| Email | | Mobile Phone |
| Course Title | | Commencement Date (DD/MM/YYYY) |
| Reason(s) for Withdrawal (Please tick accordingly)  Health (Attach Medical Certificate)  Official Overseas Posting (Attach Company Letter)  Others (Attach Written Letter of Explanation/Supporting Documents)  Please specify: | | |
| I hereby submit my withdrawal request and understand the following:  (a) Refunds (if any) shall be made in accordance with the refund policy outlined in Schedule D of the Student Contract. | | |
| 1. 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. 2. Student shall be informed of the outcome of the withdrawal application in writing. Approval of withdrawal is at the sole discretion of the School. 3. (d) International students on a Student Pass will have their pass cancelled upon confirmation of course withdrawal.   I agree to bear all consequences resulting from this withdrawal. | | |
| ­­­­­­­­­­­­­ ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature | ­­­­­­­­­­­­­ ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |

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| **SECTION B: STUDENT SERVICE DEPARTMENT (OFFICIAL USE ONLY)** | | | | |
| Interview Remarks: | | | | |
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| Student still wish to withdraw:  Yes  No | | | Eligible for Refund:  Yes  No | |
| If eligible for refund, please indicate the payment date, amount paid, receipt/invoice number and the refund amount (with the calculation): | | | | |
|  | Signature | | |  |
| Student Service Executive's Name | Date |
| **SECTION C: FINANCE DEPARTMENT (OFFICIAL USE ONLY)** | | | | |
| Amount of Refund: S$  Remarks: | | | | |
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|  | | Date | | |
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| Processed by |