



COURSE WITHDRAWAL (& REFUND) REQUEST FORM

CONFIDENTIALITY CLAUSE

All information you have provided will be kept confidential and used solely for communicating with you.

Terms and Conditions for withdrawal and refund:

1. **One month notice** to be given for request of course withdrawal **OR** **One month** course fee in lieu of notice to be payable by Student.
2. **Please refer to the Terms and Conditions for Course Fee Refund Policy as stated in the Standard Student Contract.**
3. It takes 7 days from the date of receipt of withdrawal application for the school to complete the process of withdrawal.
4. All necessary documents must be attached together with this form.
5. All information provided will be treated with strictest confidentiality and will be for internal use only.

Student's Name		
NRIC / FIN		Passport No
Contact No.		
(H)	(O)	(M)
Course Code	Course Title	
Reason(s) for Withdrawal (any support document is required to submit together with this application form)		Date of final attendance in BITC

I declare that the information given is true and accurate to the best of my knowledge.

SIGNED by the Student

SIGNED by the Student's parent or legal guardian (if the Student is under eighteen (18) years of age)

⊗ _____
Name of Student:
Date

Name of Parent or Legal Guardian:
NRIC/FIN/Passport No.:

Date

For Office Use Only

Withdrawal Verification By

<input type="checkbox"/> Withdrawal Accepted <input type="checkbox"/> Withdrawal Rejected Reason for rejection: _____ _____ _____ _____ _____	_____ Signature / Date Name <hr/> Withdrawal Approved By _____ Signature / Date Name
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Amount Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for no refund
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Items	Amount Paid	Refund %	Amount Non-Refundable	Amount Refundable
Course Fee				
Application Fee				
Admin Fee				
Material Fee				
Fee Protection Scheme (FPS)				
Sub-Total				
7% GST				
Total				

Tax Invoice No: _____	Credit Note No: _____
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Refund Verified By _____ Signature / Date Name	Refund Approved By _____ Signature / Date Name
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Credit Note Acknowledgement By Accounts Dept _____ Signature / Date Name	Cheque Acknowledgement By BITC _____ Signature / Date Name
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Cheque Amount	Cheque No.	Cheque Dated

Student Acknowledgement of Refund Received	
I, _____ (name of Student), NRIC/FIN _____ hereby acknowledge receipt of S\$ _____ as refund of Course fee from the College on _____ (Date)	Signature of Student