GENETIC Computer SCHOOL

COURSE DEFERMENT FORM

Course Deferment request will be subjected to our Policy as per indicated on our student contract and student handbook.
Genetic will review your request and respond within 4 weeks of receipt of request.

Section A: COURSE INFORMATION			For Official Use Only

Section A: COURSE INFORMATION

Course Enrolled

Commencement Date of Course	Course End Date

Section B: STUDENT'S PARTICULARS

Name of Student

Nationality	Age	Sex
		☐ Male ☐ Female

Mailing Address	Postal Code

Hand Phone No.	House Tel. No.	E-mail Address

Section C: APPLICABLE TO STUDENT UNDER THE AGE OF 18 ONLY

Parent's/Guardian's Name

Mailing Address

E-mail Address	Contact No.

Section D: COURSE DEFERMENT INFORMATION

Please state the course intake you want to transfer:
(Deferment is only allowed before the commencement date)

Section E: REASONS FOR COURSE DEFERMENT

State your reasons for course deferment (All supporting documents must be submitted as attachments, if any):

For Official Use Only

☐ Received By

Name & Signature:
_____

Date:
_____

☐ Parent's Letter of Consent (if under 18 yrs. Old)

Date: _____
* If letter of consent was not attached to this form

☐ Submit to Principal for review and approval

Date: _____

☐ Submit to Finance Department for refund (if applicable)

Date: _____

☐ Inform the student

Date: _____

☐ Inform relevant parties (FPS, ICA and/or CPE)

Date: _____

COURSE DEFERMENT FORM

Section F : Refund Table	
% of [the amount of the fees paid under Schedules B and C]	If Student's written notice of withdrawal is received
90%	(**"Maximum Refund"**) More than [30] days before the Course Commencement Date
50%	Before, but not more than [30] days before the Course Commencement Date
0%	After, but not more than [7] days after the Course Commencement Date
0%	More than [7] days after the Course Commencement Date

Section G : DECLARATION BY STUDENT

I declare that the information given is true and accurate to the best of my knowledge and I have not willingly suppressed any information. I am fully aware of the school's current deferment policy and refund policy.

I understand that this deferment application is subject to ICA approval (for student pass holder)

Student's Signature: _____   Date: _____
Or Parent/Guardian Signature (for Student under 18 years of age)

Student's Name   : _____

Section H: ACKNOWLEDGEMENT OF STUDENT (to be filled by student once result is released)

I _____acknowledge the course deferment from _____(*course intake*) to _____
(*course intake*)

Student's Signature: _____   Date: _____
  Or Parent/Guardian Signature (for student under 18 years of age)

Approval is process within 7 working days from the student's submission date
The maximum deferment period is 6 months per deferment request.
*A formal letter will be issued to inform student on the status of the request for course deferment

COURSE DEFERMENT FORM

Section I: COUNSELLING AND INTERVIEW PROCESS

COUNSELLING AND INTERVIEW PROCESS

Date of Counselling/Interview Appointment _____   Time: _____

Comments : _____

_____

Counsellor/Interviewer Name & Signature _____   Date:_____

Section J : DEFERMENT STATUS

☐ Approved   ☐ Rejected

Principal's Name and Signature : _____

Date : _____

Deferred to   : _____ (new course intake date)

COURSE DEFERMENT FORM

Section K : Student Acknowledgement of Refund Computation

I acknowledged that I understand the computation of my refund from Genetic Computer School.

I hereby confirm that $_____ amount of refund is acceptable to me.

Student's Signature: _____   Date: _____
Or Parent/Guardian Signature (for Student under 18 years of age)

Student's Name   : _____

Section L : Student Sign for Refund payment received

Amount to be refunded (if applicable) :__$_____

By Bank Transfer, Details of Bank Account : _____

By Cheque , Payable to:_____

Date of Refund Payment : _____

Or Attach Proof of Refund Payment

Student's Signature: _____   Date: _____
Or Parent/Guardian Signature (for Student under 18 years of age)

Student's Name   : _____

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COMPUTATION OF THE REFUND (BY Head of Admin)

$

Head of Admin, Name and Signature: _____   Date   : _____

REFUND REQUEST STATUS

☐ Approved   ☐ Rejected

Head of Admin, Name and Signature: _____

Date   : _____

Reason(s) for Rejection: _____
_____

FINANCE DEPARTMENT (issuance of the refund shall not exceed more than 7 working days)

Attach proof of payment.

* A formal letter will be issued to student to inform on the status of the refund request within (7) working days.