

## Course Transfer/Withdrawal Form

Course Transfer/Withdrawal 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 receipts of request.

<b>Section A: COURSE INFORMATION</b>			
Course Enrolled			
Commencement Date of Course		Course End Date	
<b>Section B: STUDENT'S PARTICULARS</b>			
Name of Student			
Nationality	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address		Postal Code	
Hand Phone No.	House Tel. No.	E-mail Address	
<b>Section C: APPLICABLE TO STUDENT UNDER THE AGE OF 18 ONLY</b>			
Parent's/Guardian's Name			
Mailing Address			
E-mail Address		Contact No.	
<b>Section D: TYPE OF PROCESS</b>			
Please tick the process you want to request or apply: <input type="checkbox"/> Transfer <input type="checkbox"/> Withdrawal <b>All Outstanding Fees must be settled prior to request.</b>			
<b>Section E: REASONS FOR TRANSFER OR WITHDRAWAL</b>			
State your reasons for course Transfer or Withdrawal (All supporting documents must be submitted as attachments, if any):			

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☐ 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

☐ Arrangement for  
counselling or interview  
Date: \_\_\_\_\_

☐ Submit to Principal for  
review and approval  
Date: \_\_\_\_\_

☐ Submit to Finance  
Department for refund  
(if applicable)  
Date: \_\_\_\_\_

☐ Inform the student  
Date: \_\_\_\_\_

☐ Issuance of past  
attendance records and  
results (if applicable)  
Date: \_\_\_\_\_

☐ Inform relevant parties  
(FPS, ICA and/or CPE)  
Date: \_\_\_\_\_

### 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%	( <b>"Maximum Refund"</b> ) 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 transfer/withdrawal policy and refund policy.

For International students: I understand that my student's pass has to be surrendered for cancellation with ICA.  
I understand that this transfer 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 : \_\_\_\_\_

\*A formal letter will be issued to student to inform on the status of the request of transfer or withdrawal application  
Approval is process within 7 working days from the student's submission date

### Section H: COUNSELLING AND INTERVIEW PROCESS

#### COUNSELLING AND INTERVIEW PROCESS

Date of Counselling/Interview Appointment \_\_\_\_\_ Time: \_\_\_\_\_

Comments : \_\_\_\_\_

Counsellor/Interviewer Name & Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Section I : TRANSFER OR WITHDRAWAL STATUS

☐ Approved      ☐ Rejected

Principal's Name and Signature : \_\_\_\_\_

Date : \_\_\_\_\_

### Section J : 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 K : 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.