

FZD School of Design Pte Ltd

58 Kim Yam Road #04-01, Singapore 239359 Tel: +65 6702 5328 | Fax: +65 6384 1326

www.fzdschool.com | Email: contact@fzdschool.com Co. Reg No. : 200905323N | GST Reg. No: 200905323N

Withdrawal Request Form

Name of student				
Student no. (if applicable)				
Date of birth				
Tel no.				
Course				
Date of commencement				
I wish to request to withdraw from my course of study. I understand the school's withdrawal policy which is on the school's website, student contract and student handbook. Note: 1 Withdrawal means the student contract is terminated and the student is no longer a student of this school. 2 A transfer to another private school is also regarded as a withdrawal from the course of study at this school. Reason:				
SIGNED by the Student	SIGNED by the Student's parent or legal guardian (if the student is under eighteen (18) years of age)			
Signature Date:	Signature Date: Name of Parent or Legal Guardian:			
	NRIC / Passport No:			



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FOR OFFICE USE

Remo	arks by Counsellor		
Signo			 Date
<u>Calc</u>	ulation of refund		
Signature			Date
	arks by Director		
Signo	ature		Date
		Done by:	Date:
	Issuance of a letter to student effecting the withdrawal		
	Issuance of refund, if any, to the student (if applicable)		
	Issuing of the attendance record (if applicable)		
	Cancellation of the student pass		
	Informing the FPS provider		
week	Service standard met? chool sets a service standard of 4 cs or less for assessing and replying to equest for withdrawal.	YES	NO