

APPLICATION FOR REFUND

STUDENT'S PARTICULARS

Student's Name (as per NRIC or Passport) : _____
Student ID No.: _____ Email: _____
Program: _____
Mailing Address: _____

DETAILS OF REFUND APPLICATION

Please tick in the appropriate box:

- Course withdrawal - *student should ensure that they drop the course from Access Adelaide*
 Discontinuation of program
 Transfer of Course Fee
 Others (please specify) : _____

Description of refund application:

Please take note that application for refund will be processed within 7 working days after the required documents are submitted to Student Services.

The following conditions must be fulfilled for refund of course fee(s), if any is to be considered:

1. Any request for withdrawal must be submitted in writing with the Application for Refund Form (duly completed) to Student Services. Students are required to drop courses off via "Access Adelaide" if an enrolment is done.
2. Students with medical conditions or face genuine financial difficulties must support their claims with official documentary evidence to NAA Management for consideration.
3. Please visit our website, <http://naa.edu.sg/student-services/refund-policies/>, for more information about the refund policies.

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:
NRIC / FIN # / Passport No.:
Date:

Name of parent or legal guardian:
NRIC / FIN# / Passport No.:
Date:

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- Submission of supporting documents:
 Official receipt no: _____
 Unofficial transcript Email correspondence
 Letter of Acceptance / PEI-Student Contract - the page on refund policy

For **Course Withdrawal**, please also include:

- Course Drop Form Attendance List

For **Discontinuation of Program**, please also include:

- Discontinuation Form

Others (please state): _____

COMPUTATION OF REFUND AMOUNT

STUDENT SERVICES

Submitted by Student Services Executive / Programme Consultant

Name: _____ Signature & Date : _____

Validated by Manager, Student Services & Information Systems

Name: _____ Signature & Date : _____

FINANCE DEPARTMENT

Approved refund amount: _____

Checked and validated by:

Name: _____ Signature & Date : _____

Approved by Director / CEO

Name: _____ Signature & Date : _____

Cheque no: _____

Cheque collected by:

Name: _____ Signature & Date : _____