



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			
<input type="checkbox"/> Withdrawal Accepted <input type="checkbox"/> Withdrawal Rejected Reason for rejection: _____ _____ _____ _____ _____	Withdrawal Verification By _____ Signature / Date Name Withdrawal Approved By _____ Signature / Date Name		
Amount Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for no refund		
Items	Amount Paid	Refund %	Amount Refundable
Course Fee			
Registration Fee			
Examination Fee			
Uniform			
Tool Bag			
Textbook(s)			
Bread Thermometer			
Medical Insurance			
Sub-Total			
7% GST			
Total			
Tax Invoice No: _____	Credit Note No: _____		
Refund Verified By _____ Signature / Date Name	Refund Approved By _____ Signature / Date Name		
Credit Note Acknowledgement By Accounts Dept		Cheque Acknowledgement By BITC	
_____ Signature / Date Name		_____ Signature / Date Name	
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	