

REQUEST FOR TRANSFER/ WITHDRAWAL FORM

Effective for Academic Year _____

Please contact your tutor-counsellor or CSM Academy Int'l for prior consultation

Important Notes:

- 1. Approval for all applications will be given at the sole discretion of the Academy and the decision made will be final.**
- 2. There will be no refund of course fees for withdrawal.**

Student Name: _____

NRIC No./ PP No.: _____ Contact No: _____

Address: _____

Programme: _____ Intake: _____

Transfer to another programme

Please state programme: _____

Transfer to another school

Please state school: _____

Reasons for Transfer/ Withdrawal (Please attach relevant documents to support your application):

I hereby certify that all the information given above is correct. I will abide by the terms and conditions governing this application.

Student's Signature

Date of Request

FOR OFFICIAL USE ONLY

Manager-in-charge: _____

Recommendations:

Manager's Signature/ Date

Approved/ Disapproved

Other remarks:
