

Date Received

**Student Deferment Application**  
Note: Response within 7 days

**Personal Details**

Student ID No.  Name of student

Name of course  Amount to be refunded

Contact telephone no.  Email

Student NRIC/FIN No.  Expiry date for student pass

**Reason for Deferment**

**Supporting Documentation**

A student must provide sufficient documentation to support his/her case.

**Medical reasons**

A statement from a doctor stating:

1. the date the student's medical condition began or changed;
2. how the student's condition affected his/her ability to study; and
3. when it became apparent the student could not continue with his/her study.

**Family personal reasons**

A statement from a doctor, counselor or independent member of the community stating:

1. the date the student's personal circumstances began or changed;
2. how the circumstances affected the student's ability to study; and
3. when it became apparent the student could not continue with his/her study.

**Employment related reasons**

A statement from the student's employer stating:

1. the date the student's employment began or conditions of employment changed; and
2. how it prevents the student from continuing with his/her studies.

**Declaration by student**

**I understand that there is an administrative charge of S\$50 and the reasons stated is not false**

Signed by student / Date      Verified by / Date

Yes

Not approved, reason as follow:

Signed by Principal      Date