East Asia Institute of Management

CPE Registration No: 200101029C (20-05-2014 to 19-05-2018)

POST-ENROLMENT WITHDRAWAL FORM

GENERAL INFORMATION						
<u>:</u>	Gender	: Male / Female				
_:	Contact (Tel/Hp No.)	:				
:	Email Address	:				
:	Student Pass Expiry	:				
	: :	: Gender : Contact (Tel/Hp No.) : Email Address				

REASONS FOR DROP-OUT WITHDRAWAL				
Category	More Details			
[] Quality of Program / Teaching	:			
[] Personal / Family Issues	:			
[] Financial Constraints	<u>:</u>			
[] Work Commitment	:			
[] Transfer to Other School				
a. Transferring to	<u>:</u>			
b. Reason for Transfer	:			
[] Others, Please Specify	:			

Declaration by Student: 学生申明 Khai bao boi sinh vien

I, _____, ID No. _____, a student, hereby give notice to withdraw from my studies at East Asia Institute of Management. I hereby surrender my student pass (FIN No._____) to the school for the purpose of forwarding it to ICA for cancellation.

I have been fully informed and acknowledge that in accordance to the school's Letter of Offer, there will be no refund of fees. Unless specified otherwise in the original Letter of Offer.

Toi, _________, so passport _______, ia sinh vien, hien nay toi chinh thuc thong bao den nha truong ve viec thoi hoc tu Hoc Vien Thuong Mai Dong A. Toi chap nhan giao student pass (so FIN ______) cho nha truong nham dua len ICA lam thu tuc huy student pass.

Toi da duoc thong bao ro rang va hieu rang, dua vao thu nhap hoc cua nha truong cap cho toi ngay toi se khong duoc hoan lai mot khoan tien nao. Tru nhung truong hop duoc de cap trong ban goc cua thu nhap hoc.

Declaration by student:

Witnessed by:

Signature	:	Signature	:
Name	:	Name	:
ID No.	:	ID No.	:
FIN No.	:	Date	:
Date	:		

East Asia Institute of Management is committed to maintaining the security and confidentiality of student's personal information and data, and undertakes not to divulge any such information to any unauthorized third party. Students' particulars are available solely for internal use and for completing regulatory submission requirements.

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- FOR OFFICIAL USE ONLY -

PART 1 - APPROVAL	PROCESS		
Academic Departmer	nt		
Name:		Signature:	
Date of Interview:			
Comments:			
Student Service Cent	tre	Cianatura	
Name: Date of Interview:		Signature:	
Comments:			
Comments.			
PART 2 - FEE			
Finance Department			
Course 1:	SOC Date:	Fees Paid:	Fees O/S:
Course 2:			Fees O/S:
Course 3:		Fees Paid:	Fees O/S:
Amount to be Refunde	•		
Verified by Accountant			Date:
	PASS CANCELLATION		
Registrar's Office		Data of Concellation	
Type: [] Cancellation		Date of Cancellatior	l
Items Provided:] Student Pass / Visa	[] Passport	
Records updated by:			Date: