

REQUEST FOR COURSE DEFERMENT

Please complete the form & submit it to our Student Services Office

SECTION A

Student's Name (as in NRIC / Student Pass):		Student ID No.:	
Course/s:	Contact No.:	Email Address:	
Course Commencement Date:	Amount of Course Fee Paid:	Receipt/Invoice No.:	Date of Final Attendance in SMA Institute:
Reason for Request:			
<input type="checkbox"/> Personal/Family Issues <input type="checkbox"/> Work Commitment <input type="checkbox"/> Financial Constraints <input type="checkbox"/> Medical Reason (attach MC)			
<input type="checkbox"/> Others (please specify):			
Supporting Document/s Attached (if any):			
Address & Contact No. Update: (Student Pass holder to include foreign contact details)			

I hereby submit my request for deferment of study with SMA Institute of Higher Learning for _____ (length of deferment).

I understand that (a) this request will be considered solely on the basis of the information above and the documents provided, (b) the result of this request is final, and that (c) I agreed to bear all consequences resulting from this deferment.

I understand that the request is not automatically granted and it is my responsibility to follow up with SMA Institute on the status of the request and the lesson schedule for continuation of course (after deferment period expires), if my request is granted. Please process this(my) request.

Student's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

SECTION B

Request Received & Verified By:	Deferment & Fee Transfer Approved By:	Fee Transfer Processed By:
(Name & Signature)	(Name & Signature)	(Name & Signature)
Remarks for Request (if any):		

PAYMENT RECORD & CALCULATION

SECTION C

Acknowledgement for Fee Transfer

I hereby acknowledge that my fee amount of S\$_____ will be transferred for later study with SMA Institute of Higher Learning and this fee will be forfeited if I failed to recommence my study with the institute by _____.

Student's Signature: _____ Date: _____

Deferment Processed & Student Notified By:	Remarks (if any):
(Name & Signature)	

Please return this Form to the Student Services for filing when process is completed