

To: The Principal, Ascensia Academy

I would like to inform you that _____ (Name of student),
_____ (Passport No.), will withdraw from _____
_____ (Course Title) in Ascensia Academy with effect
from _____ (dd/mm/yyyy). I understand that the school will cancel my student's
pass accordingly. 我在此通知您 _____ (学生姓名), _____ (护
照号码)。将从 _____ 年 _____ 月 _____ 日起退出他/她* 在爱信国际学院的课程。我明白学校将
注销我的学生准证。

His/her* reason for withdrawal is: - 他/她* 退学的原因是:

I understand the school's refund policy (stated in student contract and printed below). 我明白学校的
退款政策 (见学生和约及如下)。

Refunds for Withdrawal Without Cause 无理由退学的退费

Where the Student withdraws from the course for any reason other than those set out in Clause 2.2 or Clause 9, the PEI shall, subject to Clause 3.5, as soon as practicable after receiving the Student's written notice of withdrawal (and in any event no more than seven (7) working days after receiving such notice) refund to the Student the following sums (less any applicable bank administrative charges properly paid / payable under Clause 3):

若学生申请退学的理由不属第 2.2 条或第 9 条所述的原因, 则 PEI 应依照第 3.5 条在收到学生书面退学通知后尽快 (务必在收到此等通知后七 (7) 个工作日内) 向学生退还如下费用 (扣减依第 3 条已妥当支付/应付的任何适用的银行手续费)

% of Total Fees Paid	If Student's written notice of withdrawal is received
90%	("Maximum Refund") More than 30 days before the Course Commencement Date 以下称 "最高退费") 早于开课日期之前 [30] 日
50%	Before, but not more than 30 days before the Course Commencement Date 在开课日期之前, 但不早于开课日期之前 [30] 日
25%	After, but not more than 7 days after the Course Commencement Date 在开课日期之后, 但不晚于开课日期之后 [7] 日
0%	More than 7 days after the Course Commencement Date 晚于开课日期之后 [7] 日

The following are non-refundable: 下列款项不予退还

* Application fee 注册费

* Fees paid to SEAB (Singapore Exams and Assessment Board) and ICA (Immigration and Checkpoint Authority) 新加坡考试局及校长协会收取的费用及新加坡移民与关卡局收取的费用

Requested By
Name and Signature of Student

Date :

**Please delete accordingly*

With Consent from Parent /Guardian if student is below 18 years old
Name and Signature of Parent / Guardian*

Date :

FOR OFFICAL USE ONLY

RECEIVED BY : _____

DATE RECEIVED : _____

SIGNATURE : _____

APPROVED / REJECTED

NAME : **MS CHAN POH CHUI**

DESIGNATION : **PRINCIPAL**

SIGNATURE : _____

DATE OF APPROVAL : _____