



Course Withdrawal Request Form

Student Particulars

Name : **IC / Passport No.** :
Student No. : **Contact No.** :
Date of Birth : **Date Joined** :
Course Enrolled :

Declaration

I hereby confirm my intention to withdraw from the course above. I understand and agree that any refund will be subject to Zesprion's refund policy.

Student's Declaration :

Date :	Student's Signature :
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Parent / Guardian's Acknowledgement of Withdrawal Request

Acknowledged by : **Parent / Guardian** (*Please delete as appropriate) To be completed if the student is below the age of 18

Name :	Signature :
Date :	

FOR OFFICIAL USE ONLY

Receipt of Withdrawal Request

Please ensure that Parent / Guardian have signed on the form to acknowledge the withdrawal request.

Received by :

Name :	Signature :
Designation :	
Date :	

Refund (If any)

Is Student Eligible for Refund? (Refer to Refund Request Form for Details)

Yes No

*All refunds must be based on terms as stated in the student contract.



Withdrawal Details

Reasons for Withdrawal (Through Interview Session)

Interviewer's Details

Interviewed by :

Name :

Designation :

Date :

Signature :

Management Approval

Withdrawal Request is : Approved Rejected

**Approver's
Name :**

Date :

Signature :

Inform FPS Provider

Update is : Done

Name :

Date :

Signature :

*To be done within 3 working days upon approval.