Appendix 17

**PCP Course Withdrawal Request Form**

 *\*Incomplete application will not be processed*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SECTION A (PARTICIPANT DETAILS – TO BE COMPLETED BY EMPLOYER)**

|  |  |
| --- | --- |
| Name of Participant: | NRIC: |
| Company Name: | Withdrawal Date (DD/MM/YYYY) |

**Reason(s) for Withdrawal (*Please tick accordingly* )**🞏 Health (Attach Medical Report)🞏 Overseas Posting (Attach letter from employer)🞏 Resignation (Attach resignation letter)🞏 Termination of Employment (Attach employment termination letter)🞏 Other reasons, please specify with supporting documents if necessary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I hereby submit my employee’s withdrawal request under the conditions of the Professional Conversion Programme Course Withdrawal Policy And Procedures.

Employer’s Name, Signature and Company Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B (PARTICIPANT DETAILS – TO BE COMPLETED BY SCALA)**

Eligible for Course fee refund: 🞏 Yes 🞏 No

If eligible for refund, please complete the following:

|  |  |  |
| --- | --- | --- |
| Refund payment date: | Refund amount: | Receipt Invoice / Number: |
|  |  |  |

Prepared by: Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Signature and Date Name, Signature and Date