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