

COURSE REQUEST FORM



* Administration Fee applicable

* Delete where inapplicable

Please attach relevant supporting documents (Exam Result Slip, Medical Report, NS Reservist, etc.), failing which may cause a delay in processing your request.

COURSE : <input type="checkbox"/> ACCA <input type="checkbox"/> CAT <input type="checkbox"/> ATTS <input type="checkbox"/> CIMA <input type="checkbox"/> SAA-GE Diploma / Advd Diploma <input type="checkbox"/> MQ-MAF <input type="checkbox"/> UOL MSc <input type="checkbox"/> UOL - * EMFSS / LLB <input type="checkbox"/> PU <input type="checkbox"/> SCAQ <input type="checkbox"/> Others _____ Intake/Month : _____ * Full-Time / Part-Time	
NAME (as in NRIC/PP) :	Home Tel. No. :
*NRIC / FIN :	Email :
Nationality : <input type="checkbox"/> S'porean <input type="checkbox"/> S'pore PR <input type="checkbox"/> Others - _____	Office Tel. No. :
Type of Pass : <input type="checkbox"/> SAA-GE Student's Pass <input type="checkbox"/> EP <input type="checkbox"/> S Pass <input type="checkbox"/> WP <input type="checkbox"/> DP <input type="checkbox"/> LTSVP	Mobile No : _____
Expiry Date : _____	

* TRANSFER OF CLASS

NOTE : * ACCA/CAT Students - No transfer is allowed after 31 March for Jan/Feb Intake and after 30 September for Jul/Aug Intake.

* UOL Students - No transfer is allowed after 30 September.

From : <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">CURRENT * PAPER / UNIT</th></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	CURRENT * PAPER / UNIT				To :	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">NEW * PAPER / UNIT</th></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	NEW * PAPER / UNIT			
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NEW * PAPER / UNIT										

* REPLACEMENT OF SESSION (Applicable only to ACCA/CAT) - Free of Charge for maximum 3 sessions only

From : <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">PAPER</th><th style="text-align: center;">TIME</th></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	PAPER	TIME					To : <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">PAPER</th><th style="text-align: center;">TIME</th></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	PAPER	TIME					To : <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">PAPER</th><th style="text-align: center;">TIME</th></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	PAPER	TIME				
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* WITHDRAWAL - * Paper/Unit/Module/Course : _____

* DEFERMENT OF STUDIES

* CHANGE OF COURSE : From - _____ To _____

* CHANGE OF SPECIALISATION (Applicable only to SAA-GE Diploma/Advd Diploma and PU)

From : _____ To : _____

* CHANGE OF MODE OF STUDY : From * Full-Time / Part-Time To * Full-Time / Part-Time

* RE-SIT OF EXAMINATION (Applicable only to SAA-GE Diploma/Advd Diploma, PU and MQ-MAF)

Module : _____ Previous Exam Date Taken : _____

* RE-MODULE (Applicable only to SAA-GE Diploma/Advd Diploma, PU, and MQ-MAF)

Module : _____ Previous Exam Date Taken : _____

ISSUANCE OF CERTIFICATE OF ATTENDANCE #

ISSUANCE OF LETTER OF CERTIFICATION #

ISSUANCE OF LETTER FOR NS DEFERMENT #

PLEASE INDICATE YOUR REASON FOR THE REQUEST :

UPDATE OF HOME ADDRESS : _____ Postal Code _____

UPDATE OF CONTACT NUMBER : _____

OTHER REQUEST(S) : _____

I would like to receive the letter(s) : Scanned copy by email Collection from Reception Counter

Student's Signature : _____ Date : _____

Any documents uncollected 1 month after notification date will be destroyed.

FOR OFFICIAL USE ONLY	
Received By : (Name of Staff) _____	Date : _____
Supporting Documents : <input type="checkbox"/> Copy of NRIC / Passport <input type="checkbox"/> Official Receipt <input type="checkbox"/> Exam Result Slip	
<input type="checkbox"/> Others (Please state) : _____	
Remarks :	
AUTHORIZATION SLIP - Issued By: _____	Date: _____ Session: _____
ADVICE BY MANAGER	Name & Signature
<input type="checkbox"/> To pay Admin. Fee \$ _____ <input type="checkbox"/> To waive Admin. Fee	
<input type="checkbox"/> Eligibility for Refund <input type="checkbox"/> Date when all supporting docs are separately received: _____ (DD/MM/YY)	
<input type="checkbox"/> *Cash/Cheque Refund	
<input type="checkbox"/> Deferment Note	
Remarks :	Date
FOR MANAGER'S USE ONLY	Name & Signature
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Rejected	
Remarks :	Date
STUDENT REGISTRY USE ONLY	
FPS Cancelled By: _____ (in Lonpac, if applicable)	Date : _____
SMS Updated By: _____	Date: _____

SAA-GE undertakes to maintain the confidentiality of student's particulars and not to divulge the information to any third party unless required by law or other statutory regulations.

F404-02, 15 Feb 2017