



SmartLab® Education Private School

Blk 228 Bishan Street 23 #B1-71 Singapore 570228 Tel: 64592981

Refund Request Form

Reference No.: _____

General Information

Student's name:	
Course attended:	
Commencement date of course:	
Date informed of Refund Request:	
Amount Requested:	
Reasons for Refund	
Signature of the Person Giving Notice _____	
Relationship to the Student _____	
Note: If the Student is 18 years old & below, parent/guardian consent must be sought.	

Amount Offered by School:	
Amount Accepted by Student/Parent:	
Final amount accepted by both the school and Student/parent:	
Processing officer:	
Signature of processing officer:	
Processing date:	

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Approved ()	
Disapproved () Reasons:	
Signature of VP/P	
Processing Date:	

Student/Parent's Name: _____ Date: _____

Student/Parent's Signature: _____

% of [the aggregate amount of the fees paid under Clause 1.11 and 1.12]	If Student's written notice of withdrawal is received
75%	More than [14] days before the Commencement Date
50%	Before, but not more than [14] days before the Commencement Date
30%	After, but not more than [7] days after the Commencement Date
15%	More than [7]* days after the Commencement Date, but not more than [14]* days after the Commencement Date
0%	More than [14] days after the Commencement Date