SMU Classification: Restricted



## RO/PG/02 **STUDENT WITHDRAWAL FORM**

The duly completed form is to be submitted to the <u>Programme Director</u>, either by hand or by registered mail (to ensure its delivery). Policy on the refund of tuition fees can be found in OASIS.

(1) STUDENT'S INFORMATION			
Full Name: (as in Student Card)			
Campus ID (FIN/NRIC):		Month/Year Admitted:	
Programme Enrolled:			
Contact Number (Mobile/Home Number):			
(2) REASON FOR WITHDRAWAL: Please tick accordingly			
☐ Medical ☐ Family Related ☐ Others (please sp	□ P	nancial ersonal	)
DECLARATION			
I understand that upon withdrawal from the University, I will no longer be entitled to the privileges accorded to me by the University.			
<ol> <li>Therefore, I am required to:         <ol> <li>settle all outstanding fees with Office of Finance</li> <li>return all items that are classified as SMU's property to the respective office</li> <li>return the SMU Student Card to the School's Graduate Programme Office</li> <li>settle all library loans/fines</li> <li>remove all software provided by SMU in my notebook</li> <li>return the Student Pass (green card) to the Immigration and Checkpoint Authority within 7 days from the effective withdrawal date as required by the authority (applicable to full-time international student holding Student Pass only)</li> </ol> </li> </ol>			
By completing and signing this withdrawal form, I elect to withdraw from the University with immediate effect. The earliest effective date of an immediate withdrawal will be the date on which the Graduate Programm Office receives the duly completed withdrawal form.			
Signature of Student Date			
Important Note: The University reserves the right to take all actions it considers appropriate for the recovery of any outstanding fees/obligations. Non-settlement will have an adverse effect on your payment track records and future request for references. Once the withdrawal is processed, the Graduate Programme Office will send you an official notification.			
(3) TO BE COMPLETED BY GRADUATE PROGRAMME OFFICE			
Comments/Remarks:			
Programme Director (Name & Signature):		Date Received (dd/mmm/yyyy):	

cc: Registrar's Office