



Request Form for Fees Refund 退款申请表

SECTION A: STUDENT AND COURSE INFORMATION 学生和课程信息		
Name of Student 学生姓名:		Fin No 学生准证号码:
Sex 性别: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Course Commencement Date 开课日期	
Course Name 课程名称:		
<p>I hereby acknowledge that I would like to apply for refund for the above-mentioned course fee according to Lingo's current refund policies. 谨此确认, 本人根据育林学院的最新退款政策申请以上所提及课程的退款。</p> <p>I declare that the information given is true and accurate to the best of my knowledge. 谨此宣誓, 本人呈交给育林学院的信息是正确和真实的。</p>		
Signature of Student 学生签名		Date 日期
SECTION B: APPLICABLE TO STUDENT UNDER THE AGE OF 18 ONLY 仅供年龄小于 18 周岁的学生申请之用		
Parent's consent or a signed letter from parent is needed in case of refund of course fee for Student Below The Age Of 18. 年龄小于 18 周岁的学生如要申请退款, 须父母签名或持有父母的同意信。		
Signature of Parent's/ Signed Letter from Parent's 父母签名/父母的同意信		Date 日期
OFFICE USE ONLY 仅供院方填写		
CUSTOMER SERVICE DEPARTMENT RECOMMENDATION 课程咨询部推荐		
Reasons for Refund 退款理由		
<input type="checkbox"/> Withdrawal for cause 有理由退学的退款 (refund entire amount of the course fees and miscellaneous fee 退还全部学费和杂费及其他费用): i/ ii / iii / iv (refer to refund policy 参照退款政策)		
<input type="checkbox"/> Withdrawal without cause 无理由退学的退款 Course fee 学费和杂费: _____ Percentage % 百分比: _____ Refund amount 退款金额: _____		
<input type="checkbox"/> Withdrawal within 7 working days cooling-off period 7 个工作日冷却期退学的退款: Course fee 学费和杂费: _____ Percentage % 百分比: _____ Refund amount 退款金额: _____		
<input type="checkbox"/> Others 其他: _____		
Final Agreed Refund Amount 双方同意的最终退款金额 S\$ _____		
Name of CS Staff 课程咨询顾问姓名	Signature of CS Staff 课程咨询顾问签名	Date 日期
CEO / PRINCIPAL'S APPROVAL 总裁 / 校长批复		
Refund Application 退款申请批复 <input type="checkbox"/> Approved 批准 <input type="checkbox"/> Rejected 拒批		Reason for Rejection 拒批原因:
Signature of CEO / Principal 总裁 / 校长签名		Date 日期
ACKNOWLEDGEMENT BY CUSTOMER SERVICE DEPARTMENT (ONLY FOR APPROVED APPLICATION) 课程咨询部确认 (仅限于退款被批准的申请)		
<input type="checkbox"/> Submitted to Accounts Department to process refund. 已提交至财务部以供其处理退款事宜。		
Name of CS Staff 课程咨询顾问名	Signature of CS Staff 课程咨询顾问签名	Date 日期
ACKNOWLEDGEMENT BY ACCOUNTS DEPARTMENT (APPROVED REFUND SHALL BE REFUNDED WITHIN 10 WORKING DAYS FROM THE DATE OF APPLICATION) 财务部确认 (符合退款政策的款项应在收到学生退款申请的 7 个工作日内退还给学生)		
<input type="checkbox"/> Cheque Number : _____ <input type="checkbox"/> Cheque issue date: _____		
Refunded by (Name) 财务部退款经办人姓名	Signature 签名	Date 日期

All information provided will be treated with strictest confidentiality and be for internal use only
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