



# SINGAPORE ACCOUNTANCY ACADEMY

## COURSE REQUEST FORM

- Name : \_\_\_\_\_
- Student Reg. No. : \_\_\_\_\_ ST / MST / TST NRIC / Fin No: \_\_\_\_\_
- Course :  ACCA  CAT  UOL  ATTS
- Nationality :  S'porean / PR  Student Pass holder
- Contact No : 6 \_\_\_\_\_ (O) 6 \_\_\_\_\_ (H) \_\_\_\_\_ (HP)

**NOTE:** For change of mailing address, kindly use the Student Request Form.

**TICK THE APPROPRIATE BOX(ES) TO INDICATE YOUR REQUEST(S)**

Please allow at least **5 working days** to process your request and **DO NOT submit duplicate request.**

- Transfer of class\*** (Attach Exemptions Letter, Exams Result Slip if any)

Reason : \_\_\_\_\_

Current class code \_\_\_\_\_ New class code \_\_\_\_\_

\*There will be a processing charge of \$20 for each class transferred.

(No transfer is allowed after 31 Mar for Jan/Feb Intake; No transfer is allowed after 30 Sep for Jul/Aug Intake)

- Withdraw current class enrolled** (Attach relevant documents if any)

Reason : \_\_\_\_\_

Class: \_\_\_\_\_

Books Status:  Not Returning  Returned  Returning \_\_\_\_\_ (date returning)

- Issue of Certificate of Attendance** (The Academy only issue the Certificate within one year of completion.)

Intake: \_\_\_\_\_ Paper(s): \_\_\_\_\_

- Issue of Certification Letter** (Attach relevant documents if any)

Reason: \_\_\_\_\_

- Issue of NS Deferment Letter** (Attach NS / reservist letter)

- Appeal for Student Pass Rejection** (Attach Immigration rejection letter)

- Other Request(s):** \_\_\_\_\_

**I would like to receive the letter(s) / Certificate(s):**

- By mail  At the reception counter (Main Campus)  At the reception counter (City Campus)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date (DD/MM/YYYY)**

### FOR OFFICIAL USE

Received by: Shalet / Wilson / Kelly / Ivan / LiHong / Jasmine / Eileen / Seow Hong / Yvonne Others: _____		Processed by: _____	Remarks:
Date of Request: _____	Date of Collection: _____	Processed Date: _____	



Dear Sir/Mdm, kindly produce this slip when collecting the documents you've requested.

Name of Student: \_\_\_\_\_ ACCA/CAT/UOL/ATTS Type of document: Letter / Certificate / CN

Date of Request: \_\_\_\_\_ Date of Collection\*: \_\_\_\_\_

\* **Any documents uncollected 1 month after collection date will be destroyed.**

20 Aljunied Road #01-04 CPA House S'pore 389805 (Tel: 6744 9700) Operating Hours: 9.00am-7.00pm (Mon to Fri) 9.00am-3.00pm (Sat)

6 Raffles Quay #23-00 S'pore 048580 (Tel: 6532 5312) Operating Hours: 10.30am – 7.00pm (Mon to Fri)