WITHDRAWAL FORM

INSTRUCTIONS:

• This form is subject to review and it is at the sole discretion of OGEM.
• Invalid reasons for withdrawal may subject the student to a $500 penalty and/or lower priority for future applications in any GEM Discoverer programmes. This is in addition to the host university high cancellation/withdrawal fees (if any).
• Submit this form with any supporting document in person to the GEM Office between 9.30am – 12.30pm.
• You will hear from us within 10 working days from the date of submission. Incomplete form submission will not be considered.

Section 1:

Name: ____________________________ Matriculation No: ____________________________

NTU School: ____________________________________________________________________

Mobile No: ________________________ NTU Email: ________________________________

Host University: ___________________ AY/Semester Allocated: _______________________

☐ Applied for NTU Financial Aid

I would like to withdraw my GEM Discoverer placement this semester with immediate effect.

Signature: ________________________ Date: ____________________________

Reason:

Please select one option below

☐ Medical
  ➢ Attach a letter from a physician certifying that the student is unfit to participate in the programme.

☐ Death in the immediate family
  ➢ Documentation (e.g. photocopy of Death Certificate) must be attached to this form.

☐ Course Matching issues
  ➢ Signature of School Exchange coordinator is needed.
□ Others (Supporting documentation must be attached to this form)
Please explain: _____________________________________________________________
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MODE OF SUBMISSION:
Print the completed form and submit it with supporting document (if any) personally from Mondays to Fridays (except Public Holidays) between 930am and 1230pm to the following address.

GEM Discoverer
Office of Global Education & Mobility
Nanyang Technological University
42 Nanyang Avenue (Behind Student Services Centre, Level 2)
Singapore 639801

Forms submitted via mail and email will not be processed.
Section 2 (Official Use Only):

Team Head recommendation (please choose one):

- Valid (penalty waived)
- Invalid (impose $500 penalty)
- Invalid (penalty waived but impose lower priority for future exchange application)

Name & Signature: _________________________________   Date: __________

Exchange Coordinator recommendation (please choose one):

- Valid (penalty waived)
- Invalid (impose $500 penalty)
- Invalid (penalty waived but impose lower priority for future exchange application)

Name & Signature: _________________________________   Date: __________

Received Date: ________________________________________
Removed from system (Date): ______________________________
Host University notified (Date): ____________________________
Student notified (Date): ___________________________________