

Local Pre-admission, Referral and Rebate Form

For University Programmes Only

Particulars of Applicant		
Name of Applicant <i>(as in NRIC No. / FIN)</i>		
NRIC No. / FIN	Programme Applied	Intake Month

Pre-Admission Counselling (To be explained by the Programme Consultant with the applicant)	
<input type="checkbox"/>	Applicant has been briefed on programme information (programme structure, examination timing, intakes, duration, admission requirements, English language proficiency requirement, types of awards).
<input type="checkbox"/>	Applicant has been briefed on campus locations and facilities.
<input type="checkbox"/>	Applicant has been briefed on fee information and payment modes. Payment can only be made to "PSB Academy Pte Ltd" after the Student Contract is signed and dated.
<input type="checkbox"/>	Applicant has been briefed on Fee Protection Scheme and aware that FPS insurance certificate will be sent via email.
<input type="checkbox"/>	Applicant has been informed of the Student Contract and its terms and conditions.
<input type="checkbox"/>	Applicant has been briefed on PSB Academy transfer, withdrawal & refund policies and procedures.
<input type="checkbox"/>	Applicant has been briefed to refer to CPE website (www.cpe.gov.sg) for more information.

Disability / Special Needs (Please read and ✓ accordingly)	
Do you have any disability or medical condition which may affect your studies? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'Yes':	
a) Please specify your disability or medical condition: _____	
b) Do you require any additional support in class/exam due to the above condition? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'Yes':	
(i) Please specify the support which you may require: _____	
(ii) Please attach supporting documents that are <u>dated within the last 3 years</u> regarding your condition (E.g. report/letter/memo from doctor or relevant professionals, documents from previous schools regarding the provision of disability support). Your application cannot be processed without provision of the required supporting documents.	

Declaration	
I hereby apply for the above-mentioned programme. I declare that the information given in this form is true and complete. I understand that if falsified information is submitted, admission will be rescinded. I accept that PSB Academy reserves the right to select and reject applications for programme admissions without any reason given.	
PSB Academy respects the protection of personal data. By providing the information in this form, I have given consent that the information be used for the processing and evaluation of my application by PSB Academy and/or University Partners. I also understand and agree that if I am admitted as a student, any personal information that I may provide to PSB Academy at any point of time during the course of the study whether through manual or electronic channels will be used for the provision of student support and administrative services to me. In addition, this information will be stored by PSB Academy and/or University Partners and used for the dissemination of information including services, events and products offered by PSB Academy that may be of interest to me. For more information on PSB Academy data protection policy, please refer to http://www.psb-academy.edu.sg/pdpa	
Programme Consultant: I hereby confirm that all of the above have been explained to the applicant.	
Applicant: I understand fully what has been communicated to me and I hereby acknowledge that I have been briefed on all of the above.	
_____	_____
Signature of Applicant & Date	Signature of Programme Consultant & Date

Referral and Rebates

Particulars of Applicant		
Name of Applicant <i>(as in NRIC No. / FIN)</i>		
NRIC No. / FIN	Programme Applied	Intake Month

Referral Contact (If Applicable)		
Name <i>(as in NRIC No. / FIN / Passport)</i>		
NRIC No. / FIN	Contact No.	Relationship to Applicant
Email Address <i>(for collection notification)</i>		Employee No. <i>(only applicable if referrer is a PSB Academy staff - attach a photocopy of PSB Academy staff pass)</i>

Continuing Student Rebate (If Applicable)	
<input type="checkbox"/> 5% Rebate	<input type="checkbox"/> Waiver of Application Fee

Event Rebates (If Applicable)
Rebate amount \$ _____

FOR OFFICIAL USE ONLY	
Referral Eligibility	
<input type="checkbox"/> Referral Eligibility	<input type="checkbox"/> Under-graduate (S\$350)
<input type="checkbox"/> Confirmation of New Student Attended 4 Weeks	<input type="checkbox"/> Post-graduate (S\$350)
Referral Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Endorsed by Head of Department, Student Recruitment/Marketing _____ Name / Signature / Date	
Endorsed by Head of Department, Human Resource <i>(Applicable for PSB Academy Staff-Student Referral Scheme only)</i> _____ Name / Signature / Date	
Remarks <i>(if any)</i>	
Cheque No.	Cheque Amount Issued
	Cheque Issued Date
Issued By	Collected By <i>(Name and NRIC / Passport No.)</i>
	Cheque Collection Date

Note:

All information provided is treated with the strictest confidentiality in accordance to PDPA (Singapore Personal Data Protection Act) requirements. Please indicate N.A. for Not Applicable field.

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Web: www.psb-academy.edu.sg

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PSB Academy City Campus
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PSB Academy
Reg. No. 200704825E
20/05/2014 - 19/05/2018

Cert No: EDU-2-2005
Validity: 14/05/2014 - 13/05/2018

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