



EASTWEST ACADEMY

(Registered with the Committee for Private Education is part of SkillsFuture Singapore)

(Reg No: 200923609C)

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PRE-COURSE COUNSELLING CHECKLIST

Name of Course Consultant:	Name of Applicant:
Date:	Address:
	Contact No:

I confirm that I have been advised / provided information of the following:

1. Information of the school – accreditation, location, facilities and etc.
2. Information on Singapore (Studying & Living in Singapore and Immigration Rules and relevant Law of the Republic of Singapore – for International students)
3. Course Information (Type of Qualification, Organisation Awarding, Duration, Course Modules and Outlines, Assessment Schedules and Grading Criteria)
4. Course Entry Requirements
5. Application requirements and procedures
6. Course Fees and Mode of Payment
7. Refund / Withdraw and Transfer Policies
8. Council for Private Education. <http://www.cpe.gov.sg>
9. Fee Protection Scheme (FPS)
10. Medical Insurance
11. Student Contract
12. Student Support Services eg accommodation, student pass application (for international students) etc
13. Career and further education

Declaration by Student:

1. I have understood that I will need to pay a Registration fee upon application of the course.
2. I have understood that I will need to pay medical insurance fee as advised if I do not have an existing valid medical insurance plan.
3. I have been informed and understood the entry qualifications of the course.
4. I am aware that it is my responsible to read all correspondences received from the school and shall seek clarification immediately if in doubt.

Applicant's Name and Acknowledgement:	<u>For Official Use Only</u> Original Document sighted & verified by Manager:
Date:	
Parent/Guardian's Name and Acknowledgement: (For Applicant under 18 years old)	
Date:	Date: