



華盛普通話教育中心

WAH SHING MANDARIN EDUCATION CENTRE

註冊編號: _579700_

(Registration Number)

WITHDRAWAL REQUEST 退學請求

Name of student: 學生姓名:

Existing class 現在就讀的課程

Course: 課程:

Day: 日期:

Time: 時間:

Date of last class: 上一節課的時間:

Deposit refund cheque payee name:

收款人姓名:

Please note that we require 14 days' advance in writing if student is withdrawing from a course and will refund the course deposit to you. When you do not give written notice, the course deposit will be forfeited.

如果學生要退學，請必須於 14 天作出書面通知，否則不會退還按金。

Please help us to improve our services by letting us know your reasons for withdrawal. Please tick all that apply.

為了使我們的服務更好，請告訴您退學的理由。請在 裡 示意：

The teacher was not engaging
老師不夠投入/ 主動接觸學生

The course was not as it seemed on the course outline
(please specify below) 課程跟課程簡介不相同(請在下列說明

Student didn't like the teacher
學生不太喜歡老師

I/My child didn't like the atmosphere/environment of the centre (please specify below) 我/我的孩子不喜歡這裡的學習氣氛(請在下列說明)

The course was too advanced
課程內容太難

Moving to another provider (please specify below)
轉到另一個學習班(請在下列說明)

Timing of the course is not convenient
課程時間不方便

Student has an injury/illness and cannot participate anymore
學生受傷/生病因而不能上課

I felt I/ my child was not progressing
我覺得我/我的孩子沒有太大的進步

Student didn't like the course (please specify below)
學生不喜歡這個課程

Leaving Hong Kong 離開香港

The course was too repetitive 課程重複

The course is too expensive 課程收費太貴

Signature of Student/ Parent

學生/ 家長簽名:

Date:

日期:

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