



OSAC International College

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Do You Know?

OSAC would like applicants to be educated and accurately informed about the school and the courses available, we believe in practicing transparency. Kindly visit www.osac.edu.sg for information.

Student Name: _____

Contact No: _____

It is the responsibility of the student to ensure all the information their agent provides is consistent with OSAC website. Please tick the following if the information provided by agent is consistent with the website.

- | | |
|--|---|
| <input type="checkbox"/> OSAC facilities and services | <input type="checkbox"/> Career Opportunities |
| <input type="checkbox"/> Course Modules | <input type="checkbox"/> Education Pathway |
| <input type="checkbox"/> Entry Requirement and Course Duration | <input type="checkbox"/> Student pass procedure and requirements |
| <input type="checkbox"/> Awarding Body and type of certificate | <input type="checkbox"/> General healthcare services |
| <input type="checkbox"/> Application procedure | <input type="checkbox"/> Medical Insurance coverage |
| <input type="checkbox"/> Fee Structure | <input type="checkbox"/> Grievance and Dispute Resolution Procedures |
| <input type="checkbox"/> Visa procedure and requirements | <input type="checkbox"/> Fee Protection Scheme |
| <input type="checkbox"/> Payment Methods | <input type="checkbox"/> Course Deferment/Extension criteria |
| <input type="checkbox"/> Refund Policy | <input type="checkbox"/> Course suspension and expulsion conditions |
| <input type="checkbox"/> Transfer and Withdrawal Policy | <input type="checkbox"/> Accommodation and meal option |
| <input type="checkbox"/> Student Contract | <input type="checkbox"/> Attendance requirement
(if not cancel student pass) |

Date: _____

Agent Name: _____

Agent Signature: _____

Student Signature: _____