

Absence Request Procedure

In the event of student medical emergencies, a family emergencies* and work emergencies, students may be able to request withdrawal from their course and transfer tuition to another course within the program. A \$25 administrative processing fee will be retained by the College per course.

Students must submit the Absence Request form to the Continuing Education office at <u>coned@keyano.ca</u> prior to the course start date or within 48 hours of the event occurring.

Keyano College reserves the right to require students provide the following documentation:

- Medical: A copy of medical documentation from a health care practitioner/provider
- Bereavement: A copy of the obituary or the funeral program
- Work emergency: Supervisor's contact information and signature

Once the Absence Request Form is submitted, students will be contacted by the Continuing Education Office.

The Continuing Education Office reserves the right to determine the eligibility of any absence request.

*Spouse, parent, step-parent, child, step-child, brother, brother-in-law, sister, sister-in-law, father-in-law, mother-in-law, son-in-law, daughter-in-law, grandparent, or grandchild.



Absence Request Form

Absence Information			
Course Date:			
Course Name:			
Instructor's Name			
Student Name:			
Phone Number:			
Email:			
Type of Absence Red	·	Bereavement	Employment Emergency
Other			
Dates of Absence: Fre	om:	То:	
Reason for Absence:			
If you are submitting	the form due to employment of	emergency, please fill	out the following information.
Supervisor's Name: _			
Company Name:			
Contact number:			
Supervisor's Signature			Date
withdrawal from their cou be retained by the Colleg		ourse within the program. t the Absence Request forr	A \$25 administrative processing fee will n to the Career & Access Education
Student's Signature			Date
Office Use Only:			

Received Date______ Received by ______