

CONTINUING EDUCATION REGISTRATION: GROUP

Email completed forms to: Registrar@keyano.ca

Registrations are accepted on a first-come/first-served basis, provided that the registration is complete, prerequisites are met where required, and the full fee is submitted.

Contact Information

ATTENTION (Contact Person)			COMPANY	COMPANY NAME			POSITION		
ADDRESS				CITY		PROVI	NCE	POSTAL CODE	
COMPANY EMAIL ADDRESS					TELEPHONE			FAX	
CONED Course Selection				Year:		Т	erm:	☐ Fall ☐ Spring □ Winter □ Summer	
COURSE CODE	SECTION	TUITION		тесн fe \$5.00		Г	TO	TAL	
COURSE NAME				START D	ATE				

□ I understand that on the dates of the program/course all students will have to provide proof of vaccination by showing a valid Alberta Health Services QR Code with photo identification, obtain and show a Campus Access Pass, obtain a pre-approved Medical or Religious Exemption, provide proof of a negative COVID-19 test result which was administered no earlier than 72 hours prior to attending (each and every time) on any Keyano campuses.

Students to Enroll

KEYANO	LAST NAME		F	IRST NAME			DATE OF	BIRTH	INDIGENOUS
STUDENT ID #									
SOCIAL INSURANC	CE NUMBER *	EMAIL					TELEPHO	NE	
ADDRESS		1		CITY		PROVIN	CE	POSTAL CODE	
*SIN is requir	ed by the Ca	anada Revenu	e Agency for	T2202 tax receipts	s, without your	SIN w	e canno	ot provide a	tax receipt.
KEYANO STUDENT ID #	LAST NAME		F	IRST NAME			DATE OF	BIRTH	INDIGENOUS
0100211110									
SOCIAL INSURANC	E NUMBER *	EMAIL	1				TELEPHO	NE	
ADDRESS		•		CITY		PROVIN	CE	POSTAL CODE	
*SIN is requir	ed by the Ca	anada Revenu	e Agency for	T2202 tax receipts	s, without your	SIN w	e canno	ot provide a	tax receipt.
KEYANO STUDENT ID #	LAST NAME		F	IRST NAME			DATE OF	BIRTH	INDIGENOUS
SOCIAL INSURANC	CE NUMBER *	EMAIL					TELEPHO	NE	
ADDRESS				CITY		PROVIN	CE	POSTAL CODE	
*SIN is requir	ed by the C	anada Revenu	e Agency for	T2202 tax receipts	s without your	SIN w	e canno	t provide a	tax receipt



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KEYANO STUDENT ID #	LAST NAME		FIRST NAME			DATE OF	BIRTH	INDIGENOUS
SOCIAL INSURANC	E NUMBER *	EMAIL				TELEPHO	NE	
ADDRESS				CITY	PROVIN	CE	POSTAL CODE	
*SIN is requir	ed by the Ca	anada Revenue Agency fo	or T2202 tax	k receipts, with	out your SIN w	e canno	t provide a	tax receipt.
KEYANO STUDENT ID #	LAST NAME		FIRST NAME			DATE OF	BIRTH	INDIGENOUS
SOCIAL INSURANC	E NUMBER *	EMAIL				TELEPHO	NE	
ADDRESS				CITY	PROVIN	CE	POSTAL CODE	
*SIN is requir	ed by the Ca	anada Revenue Agency fo	or T2202 tax	receipts, witho	out your SIN w	e canno	t provide a	tax receipt.

Method of Payment

	CREDIT CARD NUMBER		EXPIRATION DATE
Money Order			
□ VISA			
□ MasterCard	CARD ISSUED TO	SIGNATURE	
Purchase Order			Phoned In

OFFICE OF THE REGI	STRAR		FINANCE				
CONTRACT #	CWA #	COST CENTRE	BUDGET CODE		REFERENCE DATE		
PO # / INVOICE	TUITION WAIVER	OTHER	INVOICE REQUEST CUSTOMER #		INVOICE #		
COMPANY			COMPANY CONTACT				

CONED REFUND POLICY

GST #R107566218

- 1. Requests for refunds for tuition dated five (5) working days or more prior to course commencement will be granted with \$25 of the fee retained by the College.
- For cancellations dated less than five (5) working days prior to course commencement date, no refunds will be granted. In exceptional circumstances, the Dean or Director of the program may overrule this policy. Rescheduling is treated as a cancellation.
- 3. Material fees are non-refundable.
- 4. Non-attendance at any course is not notice of withdrawal.
- 5. To obtain a refund from a continuing education course, a student must formally advice the Office of the Registrar by phone or in person, after which the student will be withdrawn and the refund process initiated.
- 6. Another person may attend in the participant's place. Notification of such a change must be forwarded to the Office of the Registrar prior to the course start date.
- Note: This refund policy is invalid for any company purchases of full courses from the College. To receive an income tax receipt for eligible courses, check your Self Service account at the end of February of the next calendar year.

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.