



CONED REGISTRATION

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

* indicates required information

Return this completed form to the Office of the Registrar

LAST NAME		FIRST NAME		<input type="checkbox"/> Male	<input type="checkbox"/> Female	BIRTH DATE (MM/DD/YY)	
ADDRESS						E-MAIL	
CITY / PROVINCE / POSTAL CODE						DAYTIME PHONE	EVENING PHONE

STUDENT I.D. #

(OFFICE USE ONLY)

ConEd REFUND POLICY

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.
2. **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a student must formally advise the Office of the Registrar by phone or in person, after which the student will be withdrawn and the refund process initiated.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, contact the Office of the Registrar in February of the following calendar year.

GST# R107566218

Con Ed Course Selection

Year:

Term:

Fall Spring
 Winter Summer

COURSE CODE	SECTION	COURSE NAME	START DATE	TUITION	TECH FEE	GST	TOTAL

Over 60 years of age (20% discount)

Total:

APPLICANT'S SIGNATURE	DATE
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Method of Payment

<input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Purchase Order	CREDIT CARD NUMBER	SECURITY CODE	EXPIRATION DATE
	CARD ISSUED TO	SIGNATURE	

Phoned In

OFFICE OF THE REGISTRAR			FINANCE		
CONTRACT #	CWA #	COST CENTRE	BUDGET CODE	REFERENCE DATE	
PO # / INVOICE	TUITION WAIVER	OTHER	INVOICE REQUEST	CUSTOMER #	INVOICE #
Company			Company Contact		

OFFICE of the REGISTRAR

Keyano College
 8115 Franklin Ave.
 Fort McMurray, AB
 Canada
 T9H 2H7

1-800-251-1408
 Tel. (780) 791-4801
 Fax (780) 791-4952

www.keyano.ca

coned.registration@keyano.ca

The personal information requested on this form is collected under the authority of Section 33 (c) of Alberta Freedom of Information and Protection of Privacy Act for the purpose of registering students, contacting students and tracking enrolment statistics. Questions concerning the collection, use or disposal of this information should be directed to:
Registrar, Keyano College, 8115 Franklin Avenue, Fort McMurray, AB T9H 2H7 Email: registrar@keyano.ca