

In the event of student medical emergencies, 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 form to the Continuing Education office at coned@keyano.ca prior to the course start date or within 48 hours of the event occurring. The absence Request form is available online at www.keyano.ca/ContinuingEducation/SchoolofContinuingEducationPoliciesForms

Keyano College reserves the right to require students to 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.

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.



CONTINUING EDUCATION ABSENCE REQUEST FORM

LAST NAME (LEGAL) *	FIRST NAME (LEGAL) *	PHONE # *
STUDENT'S EMAIL *	INSTRUCTOR'S NAME *	
COURSE NAME *	COURSE DATE *	

Type of Absence Requested:

- ☐ Medical ☐ Family Emergency ☐ Bereavement ☐ Employment Emergency
☐ Other

Dates of Absence: From: _____ To: _____

Reason for Absence: _____

If you are submitting the form due to employment emergency, please fill out the following information.

Supervisor's Name: _____
Company Name: _____
Contact Number: _____

SUPERVISOR'S SIGNATURE	DATE
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STUDENT SIGNATURE	DATE
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Office of the Registrar Use Only			
RECEIVED BY	DATE	PROCESSED BY	DATE

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