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 NAME	POSITION

ADDRESS	CITY	PROVINCE	POSTAL CODE

COMPANY EMAIL ADDRESS	TELEPHONE

Continuing Education Course Selection

Year:

Term: ☐ Fall ☐ Spring ☐ Winter ☐ Summer

COURSE CODE	SECTION	TUITION	TECH FEE	GST	TOTAL

COURSE NAME	START DATE

Students to Enroll

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO STUDENT ID #	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	INDIGENOUS
				☐

GENDER	EMAIL	TELEPHONE
☐ Male ☐ Female ☐ Unspecified ☐ Undefined		

ADDRESS	CITY	PROVINCE	POSTAL CODE

KEYANO CONTINUING EDUCATION REGISTRATION: GROUP

Method of Payment

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

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.
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 of any course is not a 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, check your Self-Service account at the end of February of the next calendar year.

The personal information requested on this form is collection under the authority of section 65 of the Alberta Post-Secondary Learning Act, and section 4 (c) of the Alberta Protection of Privacy Act. The information collected will be used for the purpose of admission, registration, income tax receipts, scholarships and awards, convocation, supplying education information, library services, emergency contact, and for college research and planning. Internally, your information collected on this form may be used to receive support and services from Accessibility Services, Testing Services and Wellness Services, including academic accommodations and/or wellness checks. Your information will be part of our student information system and may be shared for work experience and practicum placements through Work Integrated Learning, Student Associations for the purpose of membership and information sharing, Syncrude Sport and Wellness Centre for membership, and Student Academic Support Services for continuous improvement of student academic success. The information may be added to the electronic Student & Community Conduct Report System, Accessibility Services System, Wellness Services System, and/or the Testing Services System and maybe used for anonymized reporting purposes and/or procedural correction. In compliance with federal and provincial legislation, your information may be disclosed to Statistics Canada under the Statistics Act; Alberta Advanced Education for reporting requirements; and Alberta Human Services for determining and monitoring student eligibility for their services. If you have any questions regarding the collection and use of your personal information, please contact the Office of the Registrar at 780-791-4801.

Keyano College Office of the Registrar | 8115 Franklin Avenue, Fort McMurray AB T9H 2H7
Toll Free 1.800.251.1408 | Telephone 780.791.4801 | E-Mail registrar@keyano.ca
www.keyano.ca/student-services/office-of-the-registrar/student-forms/

REVISED 03/10/2026