

Missed Evaluation Form

Personal Information:

Last Name:	Student ID:	
First Name:	Date of Birth (yyyy/mm/dd):	
Phone Number (including country code & area code):		
Email Address:		

Program:

General Business (GBHP/GBBH)	Semester:	
Hospitality – Hotel and Restaurant (HHRP/HRBH)	$1^{\text{st}} 2^{\text{nd}}$	
Travel and Tourism (TOHP)		
Project Management (PMBH)		
Organization Management (MOHP/MOBH)	3 rd 4 th	
Others		

Dates of Missed Evaluation:

Note: This form must be submitted within five (5) business days of missed evaluation.

Reason(s) for Absence:

Medical (Attach doctor certificate)



Compassionate (Proof to be provided)

Others (Please specify):

In the interest of Cambrian at Hanson students' academic success, absences generally should not exceed two (2) weeks. There is no guarantee that a make-up for any missed evaluations will be granted or supported. The Missed Evaluation form by Cambrian at Hanson is strictly for institutional enrollment and attendance purposes and does not supersede IRCC bylaws and regulations as pertaining to the enforcement of Study Permits, Student Visas, Canada Border Services Agency (CBSA), or the Immigration and Refugee Protection Act, 2001. Returning students are subject to capacity and availability in corresponding semester. Semester availability is not guaranteed for returning students. By completing this form, the student takes full responsibility for any consequences associated with dropping a semester or an extended absence. For further details, please see Cambrian at Hanson's Withdraw Policy and Attendance Policy.

Student Declaration:

I hereby acknowledge that a missing an evaluation due to an extended absence and/or withdrawing from a semester may increase the amount of time necessary for me to complete my program and may put me at risk of returning to a program map different than the one in which I originally enrolled. I acknowledge that I take full responsibility for any consequences associated with missing an evaluation, dropping a semester, or taking an extended absence and have read Cambrian at Hanson's Attendance Policy and Withdraw Policy. Should I return to a changed program map, I acknowledge the possibility that I will be required to take additional courses. I understand that neither Cambrian College nor Hanson College are responsible for any challenges that I may face (temporal, financial, etc.) in the completion of my program upon my return to my studies.

0 1 1	•
Student's	signature:
oradent o	orginature.

Date:



Toronto Campus 1000 - 211 Consumers Rd. ON M2J 4G8 Brampton Campus 111 - 44 Peel Centre Dr. ON L6T 4B5

Office Use Only:		
Missed Evaluation Submission Acknowledged By	Staff Name:	
Signature:	Date:	