

# Missed Evaluation Form

**Personal Information**

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Student ID:
Last Name:		Preferred Name:
First Name:		Date of Birth (yyyy/mm/dd):
Apartment & Street Number:		City:
Province/ State & Country:		Postal Code:
Telephone Number (including country code & area code):	E-mail Address:	

Program		Semester
<input type="checkbox"/> General Business (GBBH)	<input type="checkbox"/> Hospitality – Hotel and Restaurant (HRBH)	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
<input type="checkbox"/> Human Resource Management (HUHP)	<input type="checkbox"/> Organization Management (MOBH)	
<input type="checkbox"/> International Business Management (IBBH)	<input type="checkbox"/> Cloud Computing (CCBH)	

**Dates of Missed Evaluations:**

**Reason(s) for Absence:**

<input type="checkbox"/> Medical (Attached doctor certificate)	<input type="checkbox"/> Failing Marks
<input type="checkbox"/> Going Back Home (Present Confirmed Air Ticket)	<input type="checkbox"/> Visa Extension Refusal (Attached Visa Refusal Letter)
<input type="checkbox"/> Other (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 CIC 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 Cambrian at Hanson are responsible for any challenges that I may face (temporal, financial, etc) in the completion of my program upon my return to my studies.

<b>Signature of student:</b>	<b>Date:</b>
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**Office Use Only**

<b>Missed Evaluation Submission Acknowledged (Y/N):</b>	<b>By:</b>
<b>Signature:</b>	<b>Date:</b>

## Approval of Missed Evaluation

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Student Name:

Program Group:

Student ID:

Date(s) of Absence:

Reason for Absence:

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### Important Notes:

1. In the interest of Cambrian at Hanson students' academic success, absences generally should not exceed two (2) weeks.
  2. Proof must be provided to the Academic Department within a week of missed evaluations due to an absence.
  3. This form must be signed by the Associate Director, Academics.
  4. Students must present this form to instructors for make-up schedule.
  5. Student must complete a make-up within 2 weeks of returning to class.
  6. Teacher will sign upon completion of a make-up evaluation.
  7. This form confirms approval from management for this student's missed evaluation(s). All teachers are required to reschedule missed evaluation(s).
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### Missed Classes

Course	Instructor	Evaluation (s) missed	Make-up date	Instructor Signature

Associate Director, Academics Signature: \_\_\_\_\_

Completion Date: \_\_\_\_\_