Course completion contract

PERSONAL IDENTIFICATION		
Student ID number:	Date:	Email:
Last name:	First name:	
Program:		Status: ☐ full-time ☐ part-time

The above-mentioned student has not completed the requirements or objectives for:

Course/subject code	Course name	CRN	Program	Year

In order to complete the course, the student must (list outstanding work and due date for each item):

_____

_____

_____

_____

_____

_____

_____

_____

Student's signature _____ Date (mm/dd/yyyy) _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of course completion.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at Registrar@GeorgianCollege.ca or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at AccessPrivacy@GeorgianCollege.ca or 705.728.1968 ext., 5770.

Action to be completed by: _____ Date (mm/dd/yyyy)

Contract signed: _____ Date (mm/dd/yyyy)

Faculty signature _____

Co-ordinator signature _____

Dean signature _____

Copies: Student and academic area