



STATUS REPORT

To be completed immediately upon any change in student status.
PLEASE COMPLETE AND FORWARD TO CAMPUS ADMINISTRATOR

Student Name: _____ Student Number: _____

Campus: _____ Program/Course Title: _____

Last Date of Attendance: _____ Student Loan: Yes No

_____ GRADUATION

_____ PARTIAL PROGRAM COMPLETION (*Heavy Equipment Operator and Commercial Transport only*)

Commercial Transport License Attained _____
Heavy Equipment Operator Completed _____ machine(s)

_____ TRANSFER WITHIN CAMPUS: From _____ to _____

_____ TRANSFER WITHIN COLLEGE: From _____ to _____

_____ TRANSFER OF STUDENT STATUS Prov. to Sponsored _____ Sponsored to Prov. _____

_____ WITHDRAWAL (*Check one only*)

- _____ Employment
- _____ Illness
- _____ Personal (If known, please state reason ...
(e.g. financial, wrong career choice, etc.) _____)
- _____ Terminated by College
- _____ State reason (academic, attendance, etc.) _____
- _____ Unknown

“If you have been/or are in receipt of a student loan, you must meet with a Student Development Officer”

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to update your academic record. It will only be used for this purpose. All personal information you provide may be disclosed to Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College’s Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Student Signature: _____

Date: _____

Instructor Signature: _____

Date: _____

Campus Administration Signature: _____

Date: _____