



SECTION 1 - General Information

College Name: _____

Program Name: _____

College Official: _____

Position Held: _____

Date (mm/dd/yy): _____

SECTION 2 - Program Completion Summary; For your information, note the following:

Colleges are required to report information on contract terminations as part of the Program Summary Report. For those students who withdrew or are terminated and are due a refund, you are required to provide information on the amount of the refund and where the refund was issued. It is the responsibility of the college to ensure that all refunds to the appropriate source are made within 30 days of termination of the student contract.

The following are the codes to be used in completing the Form K.

For “*Entry Status*” column, indicate one of the following:

UG12 (less than Grade 12)

G12 (grade 12 completion)

GED (General Educational Development)

AU (academic upgrading level 4)

ST (standardized test with grade 12 equivalency)

IS (industry standard)

MS (mature student)

O (Other - please specify)

The program start date is the date the college registered with the Department. The “*Program End Date*” is the date the student withdrew, was dismissed or graduated. For “*Student Status*” indicate one of the following:

G - Graduated

W - Withdrew

D - Dismissed

F - Failed

I - Incomplete

C - Changed Programs (Complete a new Form K for the new program the student (s) enrolled in)

E - Program extended due to extenuating circumstances (Example - medical, death, etc.). Provide the expected completion date in the “*Program End Date*” column

Section 41 of the General Regulations states that the Program Summary Report must be received **within 30 days of a program end date**.

SECTION 3 - Student Information - To be submitted to the Director of Private Career Colleges

Student Name SIN#	Gender (M/F)	<u>Entry Status</u>	Program Start Date (mm/dd/yy)	Program End Date (mm/dd/yy)	<u>Student Status</u>	Student's Current Address Next of Kin Address	Telephone # Next of Kin Telephone # Cell # E-mail Address	(\$) Amount of Refund Issued	Refund Issued to
1.						Current Address: Next of Kin Address:	Tel: Next of Kin Tel: Cell: E-Mail:		
2.						Current Address: Next of Kin Address:	Tel: Next of Kin Tel: Cell: E-Mail:		
3.						Current Address: Next of Kin Address:	Tel: Next of Kin Tel: Cell: E-Mail:		
4.						Current Address: Next of Kin Address:	Tel: Next of Kin Tel: Cell: E-Mail:		
5.						Current Address: Next of Kin Address:	Tel: Next to Kin Tel: Cell: E-Mail:		

Student Name SIN#	Gender (M/F)	<u>Entry Status</u>	Program Start Date (mm/dd/yy)	Program End Date (mm/dd/yy)	<u>Student Status</u>	Student's Current Address Next of Kin Address	Telephone # Next of Kin Telephone # Cell # E-mail Address	(\$) Amount of Refund Issued	Refund Issued to
6.						Current Address: Next of Kin Address:	Tel: Next of Kin Tel: Cell: E-Mail:		
7.						Current Address: Next of Kin Address:	Tel: Next of Kin Tel: Cell: E-Mail:		
8.						Current Address: Next of Kin Address:	Tel: Next of Kin Tel: Cell: E-Mail:		
9.						Current Address: Next of Kin Address:	Tel: Next of Kin Tel: Cell: E-Mail:		
10.						Current Address: Next of Kin Address:	Tel: Next of Kin Tel: Cell: E-Mail:		

SECTION 4 - DECLARATION

I hereby certify that I have verified, to the best of my ability, the information contained on this Program Summary Report, Form K and confirm that all refunds have been made to the respective lender or the person who paid the tuition for or, on behalf of, the student. I am aware that refunds must be made within 30 days of a student providing notice of withdrawal or of dismissal, and that violation can result in action afforded in the Private Career Colleges Regulation Act.

Name of College Operator or Official:

Signature of College Operator or Official:

Date (mm/dd/yy):

Mail to:
Director, Private Career Colleges
Department of Labour and Advanced Education
2021 Brunswick Street, PO Box 578
Halifax, NS B3J 2S9

Fax to: Director, Private Career Colleges
RE: Program Summary Report - Form K
Fax #: (902) 424-6656

*** Please ensure that all sections are fully completed prior to submission to the Department; otherwise, it will be returned.**