

# Adult Basic Education Program Record and Exit Form

Ministry of Immigration and Career Training  
 Skills Training Branch  
 12<sup>th</sup> Floor, 1945 Hamilton Street  
 REGINA SK S4P 2C8

<b>Learner's Last Name(s)</b>	<b>Learner's First Name</b>	<b>Learner's Middle Name(s)</b>	
<b>Learner's Address</b>	<b>City/Town</b>	<b>Postal Code</b>	<b>Telephone</b>
<b>Date of Birth (mm/dd/yyyy)</b>	<b>Social Insurance Number</b>		

<b>Post-Secondary Institution</b>	<b>Program Start Date</b>			<b>Program End Date</b>		
	mm	dd	yy	mm	dd	yy

<b>Program Name</b>	<b>Program Location</b>	<b>Learner Start Date/End Date</b>					

## Adult Basic Education Courses – Learner Record

<b>Program</b>							
Levels One/Two		Level Three		Adult Secondary Completion		Other	

## Program Results

- |                          |                                    |                          |  |
|--------------------------|------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Completed: credential given        | <input type="checkbox"/> | Discontinued at request of institution |
| <input type="checkbox"/> | Completed: no credential given     | <input type="checkbox"/> | Withdrew: personal reasons             |
| <input type="checkbox"/> | Returning to Adult Basic Education | <input type="checkbox"/> | Withdrew: employment reasons           |
| <input type="checkbox"/> | Incomplete: learner not returning  |                          |  |

	Program #	Course Name	Course #	Course Type Code	Course Final Mark
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

If final mark cannot be reported as a %, use one of the following codes:

- |                                   |                       |  |
|-----------------------------------|-----------------------|--|
| <b>AT</b> Attended                | <b>CR</b> Credit      | <b>TC</b> Transfer Credit                |
| <b>AU</b> Audited                 | <b>F</b> Failing Mark | <b>PL</b> Prior Learning 30 Credit       |
| <b>CN</b> Continuing next program | <b>IN</b> Incomplete  | <b>DE</b> Waiting for Departmental Marks |

<b>Comments</b>	<b>Certificate Issued</b>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	<b>Date</b>		
	mm	dd	yy

Instructor's Signature

Post-Secondary Institution – Verification Signature

Last Updated August 2013 (Revisions underway – October 2019)