



This form is to be completed by students registering for an *APT* course. All fields must be completely filled.

PLEASE TYPE OR PRINT CLEARLY

PERSONAL DETAILS (ALL FIELDS REQUIRED)

Full Legal Name _____
 Other Names Used _____ Date of Birth (mm/dd/yyyy) _____
 Social Security # (Last 4 digits) _____ APT Student Identification # _____
 Student Status (Select one) New Student Returning Student Current Student: Section # _____ Skip to *APT Course Enrollment

CONTACT DETAILS (REQUIRED FOR NEW AND RETURNING STUDENTS)

Mailing Address _____
 City _____ State _____ Zip Code _____
 Home Telephone _____ Mobile Telephone _____
 Personal Email Address _____
 Employer Name _____
 Employer Address _____ City _____ State _____ Zip Code _____
 Work Email Address _____ Work Telephone _____
 Employee ID or NERC ID _____

COURSE ENROLLMENT AND LIST OF CHARGES

Single Class or Program Program Title (if applicable): _____ Total Credits: _____ Total Program Cost: _____

Course #	Course Name	Section #	Price	Course Location	Course Dates
STRF* _____		➔		TOTAL _____	TOTAL DUE UPON ENROLLMENT _____

*STRF, if applicable, is non-refundable. Optional Industry Certification Exams are offered in-class when applicable for an additional fee. Contact an Education Representative for more information.

METHOD OF PAYMENT (REQUIRED)

Payment is required before the start of class. Failure to pay may result in a hold on your academic record and bar enrollment in future courses.
 If you are receiving any form of tuition assistance, please ensure that you complete any and all required funding source process documentation.

Check Sponsored Tuition Payment (select one)

<input type="checkbox"/> Money Order	<input type="radio"/> AT&T – Tuition Assistance	<input type="radio"/> CenturyLink	<input type="radio"/> Direct Company Payment
<input type="checkbox"/> Credit Card	<input type="radio"/> AT&T – HORIZONS	<input type="radio"/> Verizon	<input type="radio"/> Military TA, GI Bill, or VA Funding
<input type="checkbox"/> Cash (Carlsbad Only)	<input type="radio"/> AT&T – CPDP	<input type="radio"/> Other _____	

STATEMENT OF OBLIGATIONS, STUDENT DECLARATION, ENROLLMENT CONTRACT, AND RIGHT TO CANCEL (REQUIRED)

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this enrollment. APT College, LLC., henceforth referred to as “the College,” collects, stores, and uses personal information only for the purposes of administering student and prospective student admissions, registration, enrollment, and education. The information collected is confidential and will not be disclosed to third parties without my explicit consent, except to meet government, legal, and other regulatory agency requirements. I authorize the College to obtain information concerning any external funding I may be using to pay for tuition and fees. I understand that my tuition covers the cost of the course, textbooks, and lab materials. _____initial

Prior to signing this enrollment agreement, I must be given a catalog or brochure and a School Performance Fact Sheet, which I am encouraged to review prior to signing this agreement. These documents contain important policies and performance data for APT. This College is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement. I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, license examination passage rates, and salary or wage information included in the School Performance Fact Sheet, have signed, initialed, and dated the information provided in the School Performance Fact Sheet. _____initial

By signing this contract, I understand that the transfer of credits earned at the College is at the discretion of the other institution, as fully described in the APT Academic Catalog and Student Handbook. Additionally, Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone number (888) 370-7589, or by fax (916) 263-1897. A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau’s internet website www.bppe.ca.gov. _____initial

I have been made aware of the College’s Cancellation and Refund Policies and that they have been clearly explained to me. To withdraw and cancel enrollment from course(s) listed above, I must contact the school by written request and retain a copy of this contract for my personal records. Students who obtain loans to pay for their educational programs bear the full responsibility to repay the amount of the loan plus interest, less the amount of any refund. My signature below further indicates that I fully intend to enroll in the course(s) listed above and that I understand I have a **Student’s Right to Cancel** per the Refund Policy as stated in the Academic Catalog and Student Handbook available at www.aptc.edu. _____initial

I understand that this is a legally binding contract. I hereby agree to abide by all policies and procedures as outlined in the *APT* Academic Catalog and Student Handbook. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the College’s cancellation and refund policies have been clearly explained to me.

Student Signature _____ **Date** _____

FAX completed and signed Enrollment Form to [888.431.8588](tel:8884318588) or EMAIL to enroll@aptc.edu

FOR OFFICIAL USE ONLY

Student Services Signature _____ Date Processed _____





COURSE ENROLLMENT FORM COMPLETION INSTRUCTIONS

The Course Enrollment Form is a contract between you, the student, and **Applied Professional Training (APT)** in that you sincerely wish to complete a course with the College. As such, all fields must be completed in full. Incomplete Forms will be rejected and you will have to complete the form again until it is submitted completely and correctly.

1. Personal Details
 - a. Enter your **Full Legal Name** as it appears on your Driver's License or other government-issued identification
 - b. Enter any **Other Names** you have used, including aliases, maiden name, etc.
 - c. Enter your **Date of Birth**
 - d. Enter the last 4 digits of your **Social Security Number**
 - e. Enter your **APT ID#**, if known
 - f. Mark your **Student Status**.
 - If you are a current student, notate what section number you are in and skip to the section entitled APT Course Registration.
2. Contact Details
 - a. Enter your **Residential Address** (PO Boxes are acceptable), **City, State, and Zip Code**
 - b. Enter your **Home Phone Number, Personal Mobile (cell) Phone Number, and Personal Email Address**
 - c. Enter your **Employer Name, Employer Address, City, State, and Zip Code**
 - d. Enter your **Work Email Address and Work Phone Number**
 - e. Enter your **Employee ID or NERC ID** if applicable
4. Method of Payment
 - a. Select your **Method of Payment**.
 - If your education is being sponsored by your employer, the military, or other sponsoring agency (e.g. Workforce Development), select the tuition assistance method you are using
5. Statement of Obligations, Student Declaration, Enrollment Contract, and Right to Cancel
 - a. **Read** the Statement of Obligations, Student Declaration, Enrollment Contract, and Right to Cancel Statement and **initial as indicated**.
 - b. **Sign and Date** the Course Enrollment Form
6. Return the completed 1st page of this form.

REFUND AND CANCELLATION POLICY

Students have the right to withdraw from any current or upcoming course.
All students may be eligible for a full refund.

Courses with Face-to-Face Resident Student Component

- 100% refund – Withdrawal requests submitted on or prior to the 1st day of class
- 90% refund – Withdrawal requests submitted after the 1st day of class but before but less than 10% of class completion
- 75% refund – Withdrawal requests submitted at or after 10% of class completion but before 25% of class completion
- 50% refund – Withdrawal requests submitted at or after 25% of class completion but less than 50% of class completion
- No refund - Withdrawal requests submitted at or after 50% of class completion are ineligible for a refund of tuition

Students may be administratively dropped from the course if they do not attend the first three resident class sessions without prior arrangement with the College.

***STUDENT'S RIGHT TO CANCEL** – Students may cancel this Enrollment Agreement and obtain a full refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later.

The Refund Policy for online courses can be reviewed in the **APT** Catalog online at www.aptc.edu.

COURSE DROP AND WITHDRAWAL POLICY

To drop or withdraw from any class, students must submit a written notice to **APT** via email, fax, or letter, "ATTN: Admissions and Records" stating the following information:

- Student's full name
- Date of birth
- APT Student ID Number or last four digits of his or her Social Security Number
- Email address
- Phone number
- Course (section) number from which the student wishes to withdraw
- Reason for withdrawal request (i.e. schedule conflict, personal, unable to obtain funding, etc.)

Once this request is processed, students will receive a Course Withdrawal Letter and refund within 30 days pursuant to the Refund Policy. Students who do not return course materials and/or equipment to **APT** will be subject to a \$150 charge. A grade of "W" will be assessed for students withdrawing from the course after the start of class or a "WF" if withdrawing after 75% of scheduled class length.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT APT COLLEGE

The transferability of credits earned at APT College is at the complete discretion of the institutions to which students may seek to transfer. Acceptance of degrees or certificates earned through APT's Programs of Study are also at the complete discretion of the institution to which students may seek to transfer. If the credits, degrees, or certificates that students earn at APT College are not accepted at the institution to which students seek to transfer, students may be required to repeat some or all of their coursework at that institution. For this reason students should make certain that their attendance at APT College will meet their educational goals. This may include contacting institutions to which students may seek to transfer after attending APT College to determine if their credits, degrees, or certificates will transfer.

CALIFORNIA STUDENT TUITION RECOVERY FUND

Each student must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies: 1) the student is in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of tuition either by cash, guaranteed student loans, or personal loans, and 2) total charges are not paid by any third party payer, such as an employer, government program, or other payer unless the student has a separate agreement to repay the third party. Students are not eligible for protection from the STRF and you are not required to pay the STRF assessment if either of the following applies: 1) the student is not a California resident, or are not enrolled in a residency program, or 2) the student's total charges are paid by a third party, such as an employer, government program, or other payer, and the student has no separate agreement to repay the third party.