

**GEORGIA OCCUPATIONAL  
Enrollment Agreement**



<input type="checkbox"/> <b>Chamblee</b> 5303 New Peachtree Road Chamblee, GA 30341 770-216-2960	<input type="checkbox"/> <b>Gainesville</b> 2323-C Browns Bridge Road Gainesville, GA 30504 678-450-0550	<input type="checkbox"/> <b>Morrow</b> 1580 Southlake Parkway Suite C Morrow, GA 30260 770-960-1298	<b>STUDENT CLASSIFICATION:</b> 1. Agency _____ 2. I-20 _____ 3. Veteran _____ 4. Other _____
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Date Completed \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_ Social Security # \_\_\_\_\_

**IDENTIFICATION**

Complete Legal Name _____ <small>Last First Middle Initial</small>	Sex: Male _____ Female _____
Maiden Name (if different) _____	Date of Birth: _____ / _____ / _____ <small>Month Day Year</small>
Permanent Address _____ <small>Street Apt. #</small>	Phone # (Home) _____ Phone # (Work) _____
Place of Employment _____ <small>Company</small>	Emergency # _____ <small>other than above</small>
Street _____ City _____ State _____ Zip _____	Email _____

**PREVIOUS EDUCATION**

**High School Certification:** I CERTIFY that I am a high school graduate or have successfully obtained a high school equivalency diploma (GED).  
 \_\_\_\_\_ (If you did not graduate or obtain a GED, do not sign.) If not a graduate, last year attended: \_\_\_\_\_

Signature \_\_\_\_\_

School Name/Testing Center \_\_\_\_\_ Year Graduated/Tested \_\_\_\_\_  
City State Zip

Have you attended another college or postsecondary institution after High School (including attendance in any foreign country)? Yes \_\_\_\_\_ No \_\_\_\_\_

Postsecondary School _____ City _____ State _____ Zip _____	Years Attended _____ / _____ <small>From To</small>
School _____ City _____ State _____ Zip _____	Years Attended _____ / _____ <small>From To</small>

Degree or Certificate Earned \_\_\_\_\_ Financial Aid Received: Yes \_\_\_\_\_ No \_\_\_\_\_

**ENROLLMENT INFORMATION**

Program of Study (Major) \_\_\_\_\_ / Contact Hours \_\_\_\_\_ / Credits Required for Graduation\* \_\_\_\_\_ / Registration Date \_\_\_\_\_ / Projected Graduation Date \_\_\_\_\_

I am registering for \_\_\_\_\_ credits per semester or intersession. My charges are as follows:

Registration Fee: \_\_\_\_\_

Tuition: \_\_\_\_\_ per credit hour \_\_\_\_\_

Tools / Other: \_\_\_\_\_

ESTIMATED Books and Supplies per semester: \_\_\_\_\_

Total First Semester: \_\_\_\_\_

Amount Paid: ( \_\_\_\_\_ )

Balance Due at Registration: \_\_\_\_\_

Receipt Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Receipt Amount: \_\_\_\_\_

While this agreement is executed for the first semester or intersession, I understand and agree that my registration in subsequent semesters or intersessions constitutes a renewal of the terms and conditions, except that tuition rates are subject to change. Books, supplies, and material costs are estimated and are charged based on the courses for which I register each semester.

\*Determined by Evaluation

**PAYMENT TERMS**

**SPECIFIC TERMS OF YOUR ENROLLMENT, INCLUDING REFUND POLICY, ARE EXPLAINED ON THE REVERSE SIDE OF THIS AGREEMENT. DO NOT SIGN THIS AGREEMENT UNLESS THESE TERMS HAVE BEEN EXPLAINED, YOU UNDERSTAND THEM, AND HAVE RECEIVED A COPY OF THIS AGREEMENT.**

<b>ACCEPTED FOR INSTITUTION</b>	<b>SIGNATURES</b>	
Admissions Representative _____	Student _____	Date _____
# _____ Date _____	If under 18, PARENT or GUARDIAN Signature _____	Date _____

**EMPLOYMENT ASSISTANCE SERVICES** – The Institution shall provide employment assistance to graduates who have met all graduation and financial requirements. This service is available (without time restrictions) to those graduates who are in good standing with regard to all loan repayments. There is no promise or guarantee of placement, and charges are in no way conditioned upon employment assistance or satisfaction with the training provided.

**CANCELLATION POLICY (Excluding I-20 Applicants)** – A full refund of all monies is made if the applicant cancels the enrollment within 72 hours (by midnight of the third business day) provided the applicant has not entered class or begun training. After 72 hours, the registration fee is non-refundable.

**TUITION REFUND POLICY** – Tuition refunds are made within thirty days provided official notification is given. Otherwise, refunds will be made thirty days from the date the Institution determines the student to be withdrawn. If **Official Withdrawal** occurs, charges are assessed using the **Official Withdrawal** date according to the formula below. In the absence of **Official Withdrawal**, attendance is verified at the mid-point and end of the semester. The mid-point or last date of attendance, whichever is later, is the date used to determine tuition charges.

**REFUND FORMULA (STATE POLICY)**

- During the first five percent (5%) of the semester, the institution shall refund ninety-five percent (95%) of the tuition.
- After five percent (5%) of the semester, but before ten percent (10%), the institution shall refund ninety percent (90%) of the tuition.
- After ten percent (10%) of the semester, but before twenty-five percent (25%), the institution shall refund seventy-five percent (75%) of the tuition.
- After twenty-five percent (25%) of the semester, but before fifty percent (50%), the institution shall refund fifty percent (50%) of the tuition.
- After fifty percent (50%) of the semester, there is no refund of the semester's tuition.

Books and materials are issued as courses are taken. Charges are assessed at the beginning of the semester, but adjusted to actual cost at withdrawal or graduation.

Student Initials \_\_\_\_\_ Date \_\_\_\_\_

**TITLE IV (PELL AND SEOG) RECIPIENTS** – If you cease attending in any semester before completing at least sixty percent (60%), you will lose a proportionate amount of your financial aid, which must be refunded to the U.S. Department of Education. Since tuition and fees are not refunded in the same way, your withdrawal during this period will most always result in your personally owing more money to the institution, and you must repay a portion of the aid to the U.S. Department of Education within forty-five days or you may become permanently ineligible for further aid at any institution.

Student Initials \_\_\_\_\_ Date \_\_\_\_\_

**EXIT INTERVIEW**

**All students** are required to complete an Exit Interview with the Financial Planning Office upon withdrawal or graduation and are required to notify the Institution promptly of any change in address, telephone number, expected employer, or nearest of kin.

**REFUND ALLOCATION:**

1. INSTITUTIONAL AID
2. FEDERAL LOAN
3. PELL
4. SEOG
5. PRIVATE LOAN
6. STUDENT

<p><b><u>Orientation Date and Time:</u></b></p> <p>_____ / _____</p>
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**THE ABOVE TERMS AND CONDITIONS HAVE BEEN FULLY EXPLAINED TO MY SATISFACTION.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date