



STUDENT APPLICATION

DATE _____

_____ DAY _____ EVENING CLASS

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

HOME PHONE: _____

CELL PHONE: _____

DID YOU GRADUATE FROM HIGH SCHOOL? YES _____ NO _____

DO YOU HAVE A GED? YES _____ NO _____

MOST RECENT EMPLOYER: _____

NATURE OF WORK: _____

HOW DID YOU HEAR ABOUT US? _____

Please Address Application to: **New England Institute of HVAC, Inc, 240 Smith St., Lowell MA 01851**



ENROLLMENT AGREEMENT

NEW ENGLAND INSTITUTE OF HVAC, INC
240 SMITH STREET, LOWELL, MA 01851
978.735.4979 • NewEnglandHVAC@yahoo.com
www.NewEnglandHVAC.com



NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROGRAM NAME: HVAC Day Program HVAC Evening Program

Entrance Requirements: Must demonstrate English language comprehension

Clock Hours: *Day Program:* 273 Hours — *Evening Program:* 117 Hours • **Program Begins:** ___/___/___ **Ends:** ___/___/___

Period Beyond Which Late Registration Will Not Be Accepted: After Day 3

FULL-TIME HVAC DAY PROGRAM

Tuition Fee:	\$ _____
Books:	\$ _____
Tools & Supplies:	\$ _____
Other Charges:	\$ _____
Total Charges:	\$ _____
Discounts:	\$ _____
Adjusted Total Charges:	\$ _____

PART-TIME HVAC EVENING PROGRAM

Tuition Fee:	\$ _____
Books:	\$ _____
Tools & Supplies:	\$ _____
Other Charges:	\$ _____
Total Charges:	\$ _____
Discounts:	\$ _____
Adjusted Total Charges:	\$ _____

Estimate of additional expenses to be incurred by student: EPA certification test: \$40

Student's method of payment: ___ Cash ___ Check ___ Credit card ___ School payment plan
___ Other: _____

REFUND POLICY (AS PER M.G.L. CHAPTER 255, SECTION 13K):

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

Administrative Costs Equal: \$ _50_____

Student's Initials

- ___ I understand this contract will not be in force and effect until signed by both myself and a school representative.
- ___ I have received a copy of the school's complaint procedures policy.

- ___ I understand the refund policy as stated above.
- ___ I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

This school is licensed by the Massachusetts Department Elementary and Secondary Education. Any comments, questions, or concerns about this school license should be directed to the Division of Professional Licensure, 1000 Washington Street, Suite 710, Boston, MA 02118, www.mass.gov/dpl or 617 727-5811.

Student's Signature: _____ date: _____

Print Student's Name: _____

If The Student Is Under The Age of 18,

Parent/guardian: _____ date: _____

Print Parent/guardian's Name: _____

School Official's Signature: _____ date: _____

Print School Official's Name: _____

I, the student, have received a completed and signed copy of this agreement on date: _____
_____(student's initials)