

NAME (Please Print):				
ADDRESS:				
CITY:		STATE:	ZIP CODE:	
PHONE: (H)	EMAIL	:		
Course Name:	Course Number:	Course Dates	: Course Loca	ntion:
How did you hear about u	s?			
	. Includes all materials and is due upocourse fee is required prior to attendant		arrangements made with provider. Ret	turned checks will incur a
			credit for coursework. Attendance will be required to make up that class day.	
will be refund. If you do not of hours in advance to COMPS A	cancel, you will be charged full tuition cademy. Refunds will not be processed by the academy. Refunds will be m	n. These requests must be d for persons who have atte	24 hours before the scheduled class and made in writing and either postmarke ended any portion of the course. Refundational are requested within	d or presented in person 44 ds will be processed withou
required on each portion of charge. Should a student fail t	f the exams. Should a student fail he makeup exam, student would be r	to achieve a grade of 709 equired to pay a \$150 adm	Aministered during the class time. A % or higher, one makeup examination inistrative fee and retake the class price cost of \$30 each. No further retake	on will be allowed free of or to being eligible for any
	essful completion of the course, COM rtificate of Completion will be awarded		ain the student's information in accord eping and record verification.	ance with the rules of
			ts do not register. If an emergency wa escheduling, students will be offered t	
	yone over the age of eighteen regardle ssible if any accommodations are need		age, national origin, familial status, re	ligion or handicap (Please
I acknowledge that I have rece	ived a copy of this Enrollment Agreen	nent.		
Date	Signatur	e of Student	Signatur	e of Provider
Office Use:				
Credit card: Online Autho	orization Manu	al Authorization	Pay by check:	_