

FUTURE MEDIA CONCEPTS BOSTON ENROLLMENT AGREEMENT

1 KENDALL SQUARE SUITE B3205 CAMBRIDGE, MA 02139 | 617-621-1155 | WWW.FMCTRaining.COM | MARVINB@FMCTRaining.COM

STUDENT INFORMATION

NAME: _____ PHONE: _____
ADDRESS: _____ CITY _____ STATE _____
ZIP: _____ EMAIL: _____

SELECTED EVENTS OR COURSE NAME: _____
COURSEWARE FORMAT: E-BOOK HARDCOPY

ENTRANCE REQUIREMENTS: Students must be proficient in the English language.

CLOCK HOURS: _____

Late Registration will not be accepted after the first day of class. They will need to speak with the registration department to register for the following course.

TUITION FEES

Tuition Fee: \$ _____
Books: \$ _____
Discounts: \$ _____
Other Charges: \$ _____
Total Charges: \$ _____

PAYMENT INFORMATION:

Payment must be received at least 5 days prior to class start date or 30 days from registration, whichever comes first. For anyone who registers within 5 days of the start date, payment is due upon registration. All course/s must be registered and completed within 1 year of registration date. If courses are not completed within 1 year of registration date, all payments and courses will be forfeited.

CASH
 CHECK
 SCHOOL PAYMENT PLAN
 OTHER: _____

PRIVATE STUDENT LOAN
 INSTALLMENT AGREEMENT
 CREDIT CARD

ADDITIONAL EXPENSES TO BE INCURRED BY THE STUDENT: Depending on the class, each student has the option to take the corresponding certification exam. Exam fees range from \$25 to \$200.

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: \$0

I have been provided a copy of the school's catalogue and policies in a manner of my choosing and I am initialing my choice:

send via email

I will download the catalogue and policies from school's website www.FMCtraining.com

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 Division of Professional Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this school's license should be directed to occupational.schools@state.ma.us 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)