

# Southeast Welding Academy

## **ENROLLMENT AGREEMENT**

I hereby enroll at Southeast Welding Academy for the following period and program of study noted below. I understand and agree that the classes will be held at the times listed.

### **Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Program: \_\_\_\_\_

Tuition and Fees: \_\_\_\_\_ **Class Times:** Monday - Friday 8am – 4pm

### **FINANCIAL OBLIGATION**

I understand that I am personally responsible for all tuition, fees and other charges arising from and during my enrollment at the Academy. I understand that it is my personal obligation to pay all tuition, fees, and other charges when due. If I do not pay the full amount of any scheduled payment when that payment is due, I may not be permitted to continue my training. If I am not able to continue my training, I understand that I am responsible for any outstanding tuition, fees or other charges due in accordance with the Academy's refund policy. I understand that my academic transcript will not be released to me or to any other individual requesting my transcript if there is a balance due to the Academy. In addition, if I choose to re-enroll at the Academy, I must satisfy any outstanding tuition, fees, or other charges prior to my re-enrollment. I understand that any student financial assistance made available to me may not completely cover my tuition, fees, and other charges and I understand that any tuition, fees, and other charges not paid by financial assistance is my personal financial obligation.

### **Signature Section**

Applicant  
Signature: \_\_\_\_\_

### **SOUTHEAST WELDING ACADEMY STAFF:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_