



APPLIED PROFESSIONAL TRAINING

A Global Leader in Technology Education

This form is to be completed by students registering for an APT course. All fields must be completely filled.

PLEASE TYPE OR PRINT CLEARLY

PERSONAL DETAILS (ALL FIELDS REQUIRED)

Full Legal Name _____

Other Names Used _____ Date of Birth (mm/dd/yyyy) _____

Social Security # (Last 4 digits) _____ APT Student Identification # _____

Student Status (Select one) New Student Returning Student Current Student: Section # _____
Skip to "APT Course Enrollment"

CONTACT DETAILS

Residential Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Mobile Telephone _____

Personal Email Address _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip Code _____

Work Email Address _____ Work Telephone _____

Employee ID, NERC ID, or AT&T UID _____ Local Union Name and # _____

Job Title _____ Date of Hire _____

APT COURSE ENROLLMENT

Course Number	Section Number	Price	Course Location	Student Initials

Optional Industry Certification Exams are offered in-class when applicable. See our website for more information.

METHOD OF PAYMENT

Payment is required before the start of class.

If you are receiving any form of tuition assistance, please ensure that you complete any and all required funding source process documentation.

Check Sponsored Tuition Payment (select one)

Money Order AT&T – Tuition Assistance Qwest Direct Company Payment

Credit Card AT&T – HORIZONS Verizon Military GI & VA Funding

Cash (Carlsbad Only) AT&T – CPDP Other _____

STUDENT DECLARATION, ENROLLMENT AGREEMENT, AND RIGHT TO CANCEL

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this enrollment. I authorize Applied Professional Training, henceforth referred to as "the College," to obtain information concerning any external funding source I may be using. The College collects, stores, and uses personal information only for the purposes of administering student and prospective student admissions, registration and enrollment, and education. The information collected is confidential and will not be disclosed to third parties without my explicit consent, except to meet government, legal, and other regulatory agency requirements. I hereby agree to abide by all policies and procedures as outlined in the APT Course Catalog. To cancel this agreement, I must contact the school by written request and will retain a copy of this agreement for my personal records. My signature below further indicates that I fully intend to enroll in the course(s) listed above and that I understand I have a Right to Cancel per the Refund Policy as stated in the APT Course Catalog available at www.aptc.edu. Any questions not satisfactorily answered by the College may be directed to the California Bureau for Private Postsecondary Education. I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the College's cancellation and refund policies have been clearly explained to me.

Signature _____ Date _____

FAX completed and signed Enrollment Form to [888.431.8588](tel:888.431.8588) or EMAIL to enroll@aptc.edu

APT will make every effort to hold a class as scheduled however class dates and/or locations are subject to change.





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ENROLLMENT FORM COMPLETION INSTRUCTIONS

The Application for Admission Form is a contract between you, the student, and **Applied Professional Training (APT)** in that you sincerely wish to pursue an academic program of study. As such, all fields must be completed in full. Incomplete Forms will be rejected and you will have to complete the form again until it is submitted completely and correctly.

1. Personal Details
 - a. Enter your **Full Legal Name** as it appears on your Driver's License or other government-issued identification
 - b. Enter any **Other Names** you have used, including aliases, maiden name, etc.
 - c. Enter your **Date of Birth**
 - d. Enter the last 4 digits of your **Social Security Number**
 - e. Enter your **APT ID#**, if known
 - f. Mark your **Student Status**.
 - If you are a current student, notate what section number you are in and skip to the section entitled APT Course Registration.
2. Contact Details
 - a. Enter your **Residential Address** (PO Boxes are acceptable)
 - b. Enter your **City, State, and Zip Code**
 - c. Enter your **Home Phone Number**
 - d. Enter your **Personal Mobile (cell) Phone Number**
 - e. Enter your **Personal Email Address**
 - f. Enter your **Employer Name**
 - g. Enter your **Employer Address**
 - h. Enter your **Employer City, State, and Zip Code**
 - i. Enter your **Work Email Address**
 - j. Enter your **Work Phone Number**
 - k. Enter your **Employee ID, NERC ID, or AT&T UID**
 - l. Enter your **Local Union Name and Number** (e.g. IBEW 21 or CWA 9509)
 - m. Enter your **Job Title**
 - n. Enter your **Date of Hire**
3. APT Course Enrollment
 - a. Enter the data for the course or select the pre-entered course you are interested in and **sign your initials**
4. Method of Payment
 - a. Select your **Method of Payment**.
 - If your education is being sponsored by your employer, the military, or other sponsoring agency (e.g. Workforce Development), select the tuition assistance method you are using
5. Student Declaration, Enrollment Agreement, and Right to Cancel
 - a. **Read** the Student Declaration, Enrollment Agreement, and Right to Cancel statement
 - b. **Sign** and **Date** the Course Enrollment Form
6. Return the completed form (minus this back page) to APT

REFUND POLICY

Students have the right to withdraw from any current or upcoming course.
All students may be eligible for a full refund.

Resident Courses

- 100% refund less the registration fee* – Withdrawal requests submitted on or prior to the 1st day of class
- 90% refund less the registration fee – Withdrawal requests submitted after the 1st day of class but before the 2nd day of class
- 75% refund less the registration fee – Withdrawal requests submitted on or after the 2nd day of class but before 25% of class completion
- 50% refund less the registration fee – Withdrawal requests submitted after 25% of but less than 50% of class completion
- No refund - Withdrawal requests submitted at or after 50% of class completion are ineligible for a refund of tuition

A student may be administratively dropped from the course on the first day of class for non-attendance without prior arrangement with the College.

*Withdrawal requests submitted within seven (7) days of registration but before the first day of class are eligible for a 100% refund including the Registration Fee.

The Refund Policy for online courses can be reviewed in the **APT** Catalog online at www.aptc.edu.

COURSE DROP AND WITHDRAWAL POLICY

To drop or withdraw from any class, students must submit a written notice to **APT** via email, fax, or letter, "ATTN: Admissions and Records" stating the following information:

- Student's full name
- Date of birth
- Last four digits of his or her Social Security Number,
- Email address,
- Phone number,
- Course (section) number from which the student wishes to withdraw
- Reason for withdrawal request (i.e. schedule conflict, personal, unable to obtain funding, etc.)

Once this request is processed, students will receive a Course Withdrawal Letter and refund within 30 days pursuant to the Refund Policy. \$150 will be retained by **APT** for any published materials and/or equipment not returned to **APT** within 30 days of Withdrawal Request. A grade of "W" will be assessed for students withdrawing from the course after the start of class.