

1500 Mahan Drive Suite 100 Tallahassee, FL 32308 850.668.4090

ComputerTutors.us

## **Student Enrollment Form**

Course Name	Start Date	Fee
Course Name	Start Date	Fee
	Start Date	Fee
Course Name	Start Date	Fee
Course Name	Start Date	Fee
		Total:
Student Information		Payment Information
Student Name:		1 ayment information
Daytime Phone:		☐ Make Check Payable To:
M l 1 Dl		· ·
Student Email:		Computer Tutors USA, Inc.
$\Box$ I would like to red	ceive the CTUSA Newsletter	☐ P.O. Number
Billing Contact Inform	ation (Invoice/Receipt mailed to this address)	
Company:		☐ Credit Card:
Division:		- Creare Cara.
V		Name on Card
		Exp Date Zip Code CCV
Billing Zip Code:		
		Credit Card Number
Computer Tutors USA, Inc. 1	Policies & Procedures:	
confirmed until student has signed	ase email all registration forms to <a href="mailto:Enroll@computer">Enroll@computer</a> ed and provided a method of payment in order to reserve start date to confirm their attendance at which time we	re a seat. Each student will be reminded
Enroll@computertutorsusa.com other class cancellations must be	by Student: Please email all cancellations of a Cancellations for MOC classes must be made by the submitted by the Thursday before the class start date; care they have attended ANY part of class, no refunds with the control of the class of	Monday before the class start date. All otherwise, the total due will be charged.
	re shall make every effort to hold all classes as scheduled classes as necessary. In the event that a class in cancelled le.	
I have read and agree to all t	erms of this contract:	
Digital Signature	Print Name	Date