

# Enrollment Agreement



## **American Fabrication Academy**

Course

Essentials of Metal Fabrication

600 hours

American Fabrication Academy  
1781 Capital St. Suite H&I  
Corona, CA 92880

Name- Last, First \_\_\_\_\_ US Citizen Y or N

Today's Date \_\_\_\_\_ TourDate \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Phone Number \_\_\_\_\_ Male/ Female \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Program Name: Essentials of Fabrication** **Required Clock Hours: 600**

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

Period Covered by Enrollment: \_\_\_\_\_

Class Schedule: \_\_\_\_\_

Date by which students must cancel/withdraw per the refund policy: \_\_\_\_\_

All Classes will be completed at American Fabrication Academy  
1781 Capital St. Suite H&I, Corona, CA 92880

A student shall enroll solely by means of executing an enrollment agreement. The enrollment agreement shall be signed by the student and by an authorized employee of the institution. **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 institution's cancellation and refund policies have been clearly explained to me. It has also been explained to me that if English is not my primary language, and the student is unable to understand the terms of conditions of the enrollment agreement, the student shall have the right to obtain**

**a clear explanation of the terms and conditions and all cancellation and refund policies for his or her primary language.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total List of Charges: Essentials of Fabrication 600 hour course**

**Tuition \$19,750.00**  
**Deposit/Application Fee (Non-Refundable) \$250.00**  
**Student Tuition Recovery Fund Fee (STRF) (Non-Refundable is applicable) \$0.00**  
**Learning media, uniform shirts, protective hood, tools, & materials included \$0.00**  
**TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE \$19,500.00**  
**ESTIMATED TOTAL CHARGES FOR ENTIRE PROGRAM \$19,500.00**  
**TOTAL AMOUNT DUE AT ENROLLMENT \$250.00**

**My signature below certifies that I have read, understood, and agree to the terms of this enrollment agreement. I understand I am responsible for this amount. If I get a loan to pay for all/part of this educational program, I acknowledge I am responsible for repaying the full loan amount plus any interest, fines, and/or fees accrued, less the amount of any refund .**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**This enrollment agreement is legally binding when signed by the student and accepted by the institution. If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. At this time American Fabrication Academy does not accept any state or federal funded financial aid.**

**“STUDENT’S RIGHT TO CANCEL,” the student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. Student applicants must write, sign and date a letter to notify the Chief Academic Officer of American Fabrication Academy that they wish to cancel their enrollment. If the notice is received by mail, it is effective the date in which it was**

**postmarked and mailed. The student applicant will be returned all money paid if notice of cancelation is received within this time frame.**

**OFFICE USE ONLY**

Date of Cancellation		Received By	
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**Student Tuition Recovery Fund:** The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, (916) 431-6959 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, the location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational

program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.

4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or taxpayer identification number.”

Note: Authority cited: Sections 94803, 94877 and 94923, Education Code. Reference: Section 94923, 94924 and 94925, Education Code.

**My signature below certifies that I have read, understood, and agree to the terms of this enrollment agreement.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**Loan Commitment:** The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan. The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid. If Student has received federal student financial aid funds the student is entitled to a refund of monies not paid from federal student financial aid program funds.

**Tuition Refund Policy:**

Students have the right to withdraw from the Essentials of Fabrication course at any time, for any reason. Intent to withdraw must be submitted via a signed and dated written notice to the Chief Academic Officer. Students who have completed less than 60 percent of the required 600 hours to complete the program will be issued a prorated refund based on the hours that have completed based on the students recorded attendance. A refund will be issued within (14) days of given written notice to cancel/withdraw via check.

**Transferability of Credits and Credentials**

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION . The transferability of credits you earn at American Fabrication Academy is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in Essentials of Fabrication is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending American Fabrication Academy to determine if your certificate will transfer.

**Bureau for Unanswered Questions:** Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education via the toll free telephone number (888) 370-7589, or 916-431-6959, fax 916-263-1897, or web site address [www.bppe.ca.gov](http://www.bppe.ca.gov)

**Private Postsecondary Education**

2535 Capitol Oaks Drive, Suite 400  
Sacramento, CA, 95833

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll free or by completing a complaint form, which can be obtained on the bureau’s Internet Web site [www.bppe.ca.gov](http://www.bppe.ca.gov)

A student shall enroll solely by means of executing an enrollment agreement. The enrollment agreement shall be signed by the student and by an authorized employee of the institution.

The enrollment agreement is legally binding when signed by the student and accepted by the institution.

“Prior to signing this enrollment agreement, you must be given a **catalog or brochure** and a **School Performance Fact Sheet**. **You are encouraged to review prior to signing this agreement**. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the **School Performance Fact Sheet** relating to completion rates, placement rates, license examination passage rates, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.”

**My signature below certifies that I have read, understood, and agree to the terms of this enrollment agreement.**

Student Signature\_\_\_\_\_ Date \_\_\_\_\_

School Official Signature\_\_\_\_\_ Date \_\_\_\_\_

**I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.**

Student Signature\_\_\_\_\_ Date \_\_\_\_\_

School Official Signature\_\_\_\_\_ Date \_\_\_\_\_

**I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agree to my rights and responsibilities and that the institutions cancellation and refund policy has been clearly explained to me.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**New Student Enrollment Checklist**

All the items listed below are included in the cost of the tuition and will be issued at the MANDATORY student orientation.

Student Name: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_

Location: American Fabrication Academy 1781 Capital St Suite H&I Corona Ca 92880

**Dress Code Requirements:** Closed-toed shoes, black pants, American Fabrication Academy shirt (long sleeved shirts are required for welding/ lab hours for safety), modest jewelry is permitted as long as it is not a safety hazard, hats are permitted as long as there are no offensive logos/graphics. Due to our high safety expectations, the dress code will be enforced at the instructor's discretion. If a student does not meet ALL dress code requirements the student will be asked to leave and can return to class once they are compliant with dress code standards.

2 Short Sleeve Shirts (circle size)

S	M	L	XL	XXL
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2 Long Sleeve Shirts (circle size) Required for lab days when students will be welding.

S	M	L	XL	XXL
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Learning Media



Welding Helmet	Mig Gloves	2 Short Sleeved Shirts	Sharpie
Wire Cutters	Tig Gloves	2 Long Sleeved Shirts	Tape Measure

**My signature below certifies that I have received the items list above, read, understood, and agree to the terms of this enrollment agreement. 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 institution's cancellation and refund policy has been clearly explained to me.**

Student Signature\_\_\_\_\_ Date \_\_\_\_\_

Parent Signature\_\_\_\_\_ Date \_\_\_\_\_

School Official Signature\_\_\_\_\_ Date \_\_\_\_\_