

ENROLLMENT FORM

New England Business Educational Systems
146 West Boylston Drive Suite 301
Worcester, MA 01606
1-800-974-0041
www.nebes.biz

PROGRAM NAME: ***Office Administration***

STUDENT NAME: _____ DOB: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

ENTRANCE REQUIREMENTS: *Must be 18 years of age prior to the start of the program.*

DATE BEYOND WHICH LATE REGISTRATION WILL NOT BE ACCEPTED. _____

CLOCK/CREDIT HOURS: *Each class in the program has 24 clock hours.*

STUDENT COURSE CHECKLIST:

General Office Management	_____
Effective Written Office Communication	_____
Technology of Office Administration	_____
Financial Administration	_____
Office Management Administration	_____
Executive Office Administration Capstone	_____

DATE PROGRAM BEGINS _____ DATE PROGRAM ENDS _____

TUITION FEE: \$ _____ OTHER CHARGES: _____ TOTAL CHARGES: _____

STUDENTS METHOD OF PAYMENT: _____
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 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 percent 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 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:

A completed and signed copy of this agreement will be provided to the student.

This school is licensed by:

The Commonwealth of Massachusetts
Department of Elementary & Secondary Education
350 Main Street
Malden, MA 02148-5023
781-338-6048
www.doe.mass.edu/ops/

STUDENTS SIGNATURE: _____ DATE _____

SCHOOL OFFICIAL'S SIGNATURE: _____ DATE _____