



ENROLLMENT AGREEMENT

Japanese Language Program

PC TECH

317 Madison Avenue #800, 42nd Street New York, N.Y.10017
Tel: 212-808-4754 Fax: 212-808-4749 Web: www.getitnyc.com E-Mail: info@getitnyc.com

Agreement: Enrollment agreement must be: Signed by the applicant and enclosed in the students file.

Student Information

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Date of Birth (mm/dd/yyyy): _____ SS#or Passport#: _____

Registration

10 weeks program		Hours	Tuition	Books	Reg. fee	Total	
<input type="checkbox"/>	Japanese Language for Beginners	10 weeks	20	\$250.00	\$25.00	\$30.00	\$305.00
<input type="checkbox"/>	Japanese Language for Beginners	10 weeks	40	\$399.00	\$25.00	\$30.00	\$454.00
<input type="checkbox"/>	Intermediate Japanese Language	10 weeks	20	\$250.00	\$25.00	\$30.00	\$305.00
<input type="checkbox"/>	Intermediate Japanese Language	10 weeks	40	\$399.00	\$25.00	\$30.00	\$454.00

Start Date: _____ Expected Graduation Date: _____

Schedule:

Weekday	<input type="checkbox"/>	Mon- Fri: 10:30am- 12:30pm
	<input type="checkbox"/>	Mon- Fri: 1:30pm -3:30pm
	<input type="checkbox"/>	Mon-Fri: 3:30pm-5:30pm
	<input type="checkbox"/>	Mon-Fri: 5:30pm-7:30pm
	<input type="checkbox"/>	Mon-Fri: 7:30pm-9:30pm
Weekend	<input type="checkbox"/>	Saturday: 11:00am-1:00pm
	<input type="checkbox"/>	Saturday 2:00pm-4:00pm
	<input type="checkbox"/>	Saturday 4:00pm-6:00pm

*Hours of School; Operation: Mon-Thurs ; 10:00am – 6:00pm Fri ; 10:00am- 5:00pm Sat ; 10:00am-6:00pm (Note; Only the class open)

Payment Information:

Total cost of the Program is \$_____ after acceptance into the program, through a personal interview. \$_____ Registration fee (non refundable) is required to hold a class space. A total fee is Payable by check, Master Card, Visa, or Cash. Tuition of \$_____ is due before the class starts. Note: To maintain the security of credit card information please call (212) 808-4754 to pay by credit card.

Payment method

<input type="checkbox"/>	Check (payable to PCTECH) Name on Check: _____ / Check Number: _____
<input type="checkbox"/>	Visa / <input type="checkbox"/> Master Card / <input type="checkbox"/> Payment by wire transfer from foreign account

ENROLLMENT AGREEMENT

Japanese Language Program



PC TECH

317 Madison Avenue #800, 42nd Street New York, N.Y.10017
 Tel: 212-808-4754 Fax: 212-808-4749 Web: www.getitnyc.com E-Mail: info@getitnyc.com

Cancellation and Refund Policy

You may cancel your enrollment at any time, in which case the following terms will apply: If you request cancellation within seven days after signing, you will be refunded all money paid to the school, with the exception of the non-refundable registration fee, as long as you have not entered into instruction. Thereafter, in the event of cancellation, or termination, the school shall retain the registration fee plus the cost of any textbooks or supplies accepted, plus the following amounts for tuition as of the student's last date of physical attendance.

* Tuition liability is divided into number of quarters completed and number of weeks in the second quarter.

If withdrawal occurs:	
During the program	School may keep
Prior to or during the first week	0%
During the second week	25%
During the third week	50%
During the fourth week	75%
After the fourth week	100%

Notice of cancellation or withdrawal must be made in writing. If the student is a minor, a parent or guardian must make such notice. By my signature, I agree to the conditions of this agreement. I also verify that I had read and received a copy of the agreement and the school catalog.

Student signature _____

Date: _____

The Agent who enrolled me was (Agent name _____)

Cert.#: _____

Student signature _____

Date: _____

I have received a copy of the Student Disclosure Material.

Student signature _____

Date: _____

Accepted for the school by _____

Date: _____