

MSCA License Renewal Course (LRC) Registration Application / Enrollment Agreement

Massachusetts Systems Contractors Association, Inc.

"Representing and Educating the Electronic Systems Industry since 1978" 1 Merchant Street, Suite 112 ~ Sharon MA 02067 (T) 781-784-2102 ~ (F) 781-784-2909

Email: office@msca-systems.org ~ Website: www.msca-systems.org

PROGRAM OR COURSE NAME: MSCA License Renewal Course COURSE ID: LRC-101

STUDENT NAME:								
COMPANY NAME:								
Home address:					ST:		ZIP CODE:	
EMAIL (REQUIRED): _								
ENTRANCE REQUIREM	IENTS: C AND/C	DR D LICENSE						
REGISTRATION DEADI	LINE: TWO WEEI	KS BEFORE CLASS	BEGINS					
CLOCK HOURS: 15 HO	URS TOTAL							
	C LICEN	ISE NUMBER:		D LICEN	SE NUMBER:			
PROGRAM LOCATIONS								
	OSE ALL THAT							
		/	ART TIME	LOCATION				
MODULE I:	MODULE I:					0		
MODULE II:								0
MODULE III:								0
MODULE 15HR:	18/15-02	Sat. 11/10/18 & S	t. 11/10/18 & Sun. 11/11/18 - 8AM ADT ~ Waltham M		[A	0		
CHART OF COSTS AND	PAYMENT MET	THODS PER YEAR	– Prices Subject	t to Change	e			
*MSCA or NSCA Membership Status	Total Cost Per Module	Total Cost 15 Hour	Method of Payment	Tuition per Year	Total Due with Enrollment	Discounts	Adjusted total Charges	Payment Metho (Check One)
Member	\$85	\$225	PAID IN	\$225	\$225	None	\$225	

\$105 \$285 Full \$285 None

FULL PAID IN

ESTIMATE OF ADDITIONAL EXPENSES TO BE INCURRED BY STUDENT: NONE

*MSCA – MASSACHUSETTS SYSTEMS CONTRACTORS ASSOCIATION, INC., NSCA – NATIONAL SYSTEMS CONTRACTORS ASSOCIATION

Course Materials & Policies:

NON-MEMBER

REQUIRED: NEC 2017 & NFPA 72 2013 (The State Board of Examiners of Electricians requires attendees to bring NEC 2017 to the course). MSCA has copies available for \$105.95 each (our books contain the Massachusetts Amendments). Copies must be ordered in **ADVANCE**.

Recommended but not required: 780 CMR 8th Edition and NFPA 720 2009

To Purchase the Required Books, please complete the below section:

_ NEC 2017 (\$105.95/Воок)

_____ NFPA 72 2013 (\$105.95/Воок)

_____ NEC 2017 TABS (\$25/SET)

\$285

TOTAL AMOUNT ENCLOSED: _____



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CLASS CANCELLATION POLICY

We reserve the right to cancel a class if the minimum enrollment of 20 students is not met. In that event a full refund will be issued to all enrollees.

REFUND POLICY: (AS PER M.G.L. CHAPTER 255, SECTION 13K)

1. You may terminate this agreement at any time.

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. Refund Amount: \$85.00 or \$225.00 (Member Rate) or \$105.00 or \$285.00 (Non-Member Rate)
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. Refund Amount: \$35.00 or \$175.00 (Member Rate) or \$55.00 or \$235.00 (Non-Member Rate)

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 the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: Not Applicable

5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: Not Applicable

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 reasonable administrative costs described in paragraph 7. Refund Amount: Not Applicable

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 administrative costs is attached hereto and made a part of this agreement.

Administrative Costs Equal: \$50.00 Registration Fee

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. Refund Amount: Not Applicable

10. Pursuant to 230 CMR 15.04, you have the right to cancel this enrollment contract before the completion of five school days or 5% of this program, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment. If you begin participation in a program while an initial award for financial aid, including student loans, is pending, and are subsequently denied some or all of that student loan or financial aid amount, you may terminate the enrollment agreement with a full refund of all monies paid, less actual reasonable administrative costs. For the purpose of this policy, actual reasonable administrative costs is defined under M.G.L. c. 225, 13K (7)

ADMINISTRATIVE COSTS EQUAL \$ 50.00

This School is licensed by the Massachusetts Division of Professional Licensure's Office of Private Occupational School Education. Any Comments, questions, or concerns about this school's license should be directed to <u>occupational.schools@state.ma.us</u> or (617) 727-5811, dial "0"

I have been provided a copy of the School's Catalog and Policies in a manner of my choosing and I am initialing my choice:

_hard copy _____ send via fax _____ send via email

____ I will download the catalog and policies from school's website at: <u>www.msca-systems.org</u>

Student's Initials:

- I understand this contract will not be in force and effect until signed by both myself and a school representative.
- I have received a copy of the school's complaint procedures policy.
- _____ I understand the refund policy as stated above.
- I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

STUDENT'S SIGNATURE:		DATE:				
PRINT STUDENT' NAME:						
SCHOOL OFFICIAL'S SIGNATURE:		DATE:				
PRINT SCHOOL OFFICIAL'S NAME:	Jessica A. Donovan					
I, the student, have received a completed and signed copy of this agreement on date:						

(student's initials)



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CREDIT CARD INFORMATION

CREDIT CARD TYPE:	□MASTERCARD	□VISA	□AMERICAN EXPRESS
CREDIT CARD NUMBER: _			
NAME ON CREDIT CARD:			
EXPIRATION DATE:	S	ECURITY	CODE:
BILLING ZIP CODE (REQ	UIRED):		
TOTAL AMOUNT CHARGE	D:		
SIGNATURE:			