



**MSCA 75 Hour "C" License Course
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 75 Hour "C" License Course
COURSE ID: CL-101**

STUDENT NAME: _____

COMPANY NAME: _____

HOME ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

EMAIL (REQUIRED): _____ CELL PHONE: _____

ENTRANCE REQUIREMENTS:

- HIGH SCHOOL DIPLOMA/GED

REGISTRATION DEADLINE:

- ONE WEEK BEFORE COURSE BEGINS

CLOCK HOURS:

- 75 HOURS

COURSE INFORMATION:

- COURSE LOCATION: MSCA, 1 MERCHANT STREET, SUITE 112 – SHARON MA 02067
- STUDENTS ARE REQUIRED TO ATTEND 2 NIGHTS OF CLASSROOM INSTRUCTION PER WEEK
- THIS COURSE RUNS FOR 19 CLASSES / 10 WEEKS
- **THIS COURSE WILL BEGIN MONDAY, MARCH 31, 2025, AND RUN THROUGH MONDAY, JUNE 9, 2025**
- CLASSROOM HOURS ARE 5:30PM-9:30PM

CHART OF COSTS AND PAYMENT METHODS PER YEAR (PRICES SUBJECT TO CHANGE)

*MSCA or NSCA Membership Status	Total Cost	Method of Payment	Enrollment Fee	Materials Fee	Tuition	Total Due with Enrollment	Discounts	Adjusted Total Charges	Payment Method (Check One)
Member Rate	\$1,175.00	Paid in Full	\$0	\$275.00	\$900.00	\$925.00	None	\$1,175.00	
Non – Member Rate	\$1,425.00	Paid in Full	\$0	\$275.00	\$1,150.00	\$1,150.00	None	\$1,425.00	

ESTIMATE OF ADDITIONAL EXPENSES TO BE INCURRED BY STUDENT: NONE

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

TOTAL AMOUNT ENCLOSED: _____

PAYMENT METHOD: CASH CHECK CREDIT CARD *(PLEASE COMPLETE INFORMATION ON PAGE 3)*

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.



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REFUND LAW: (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. Refund Amount: \$1,175.00 (Member Rate) or \$1,425.00 (Non-Member Rate)
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. Refund Amount: \$1,125.00 (Member Rate) or \$1,375.00 (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 Occupational Licensure, Office of Private Occupational School Education. Any Comments, questions, or concerns about this school's license should be directed to occupational.schools@state.ma.us 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 email
_____ I will download the catalog and policies from school's website at: www.msca-systems.org

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 An institution of education and acceptance is at the discretion of the receiving institution.

STUDENT'S SIGNATURE: _____ DATE: _____

PRINT STUDENT' NAME: _____

SCHOOL OFFICIAL'S SIGNATURE: Jessica A. Donovan 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: _____ SECURITY CODE: _____

BILLING ZIP CODE (REQUIRED): _____

TOTAL AMOUNT CHARGED: _____

SIGNATURE: _____