APPLIED PROFESSIONAL TRAINING

A Global Leader in Technology Education

COURSE ENROLLMENT FORM / OR "*ENROLL ONLINE*" AT: *www.aptc.edu*

STUDENT INFO: **(Please Print Legibly)**

*Your Name: _____ *COMPANY: _____
[First] *[Last]*

*Home Address: _____
[NUMBER AND STREET] *[CITY]* *[STATE]* *[ZIP]*

WORK Address: _____
[NUMBER AND STREET] *[CITY]* *[STATE]* *[ZIP]*

WORK email: _____ *PERSONAL email: _____

WORK phone #: _____ *PERSONAL phone #: _____

*JOB TITLE: _____ DATE OF HIRE: _____ LOCAL UNION #:_____

You are applying course/s to (select one):
☐ College Degree Program ☐ Non-credit Certificate Program ☐ Continuing Education ☐ Professional Development

Is this the first TIME you have taken COURSES from APT? Yes | No

APT Course Title	*Course Number*	*City | State*	*Street Name ONLY*

Optional Industry Certification in-class Exams are available; see flyers or website for more information

Method of Payment (check): ☐ **Horizon** ☐ **Tuition Voucher** ☐ **Letter of Credit** ☐ **Check** ☐ **Other** _____

Payment is required before the start of class. Please complete your company's funding request form.

TO ENROLL: Please *complete*, *sign* and *fax* this form back to us at: 888.431.8588

Note: Signature and Method of Payment Information are required for enrollment

_____ _____
Student Signature (*Required for Enrollment*) **Date**

APT will make every effort to hold a class as scheduled; however, class dates can be subject to change.

- **Please read:** To cancel this agreement, you must contact the school by written request to cancel. Please retain a copy of this agreement and your funding authorization notice, once you receive it.
- **Your signature on this enrollment form indicates your intention to enroll in the classes above and the refund policy found in APT's Course Catalog.** Prior to the start of class, students may withdraw at no penalty.

5751 Palmer Way Suite D, Carlsbad, CA. 92010 - Phone: 800-431-8488; Fax: 888-431-8588 – email: **aptc@aptc.edu** **www.aptc.edu**