

Receipt of Enrollment Policies

Texas Workforce Commission – Career Schools and Colleges

Career Institute of Technology

(Name of School)

Authority for Data Collection: *Texas Education Code, Section 132.055 & Texas Administrative Code, Section 807.193.*

Planned Use of the Data: To provide evidence of receipt of that information which is required by law to be provided the student prior to enrollment.

Instructions: This form is to be completed by the student prior to enrollment and the completed form maintained by the school in each student's file. A copy of the completed form will be given to the student. If additional clarification is needed, contact Career Schools and Colleges at (512) 936-3100.

This information is provided for the student's protection. Ensure each item of information is given to the student, fully explained and all questions answered prior to signing an enrollment agreement or contract.

The prospective student must acknowledge receipt by initialing in the space provided on the bottom of the first page and signing at the end of the form.

A:

I have received prior to enrollment:

- a copy of the school catalog and a program/course outline for the program(s) in which I wish to enroll.
- a schedule of the tuition, fees, and other charges.
- a copy of the cancellation and refund policy.
- the attendance, progress and grievance policies.
- rules of operation and conduct.
- regulations pertaining to incomplete grades.
- written and verbal explanations of the difference between a LOAN and a GRANT.
*(Complete this item only if the school participates in a loan or grant program.)
- an invitation to tour the school's facilities and inspect equipment related to my planned program of instruction. (As an enrolling student, you will be asked to sign and date a receipt on the day you receive your required tour of the school.)
- notice of all policies related to program interruption prior to completion. If printed in the school catalog, the policies are on page(s):** _____

B:

- If the school awards credit hours, I understand that transferability of any credit hours earned at this school may be limited. I have also been provided a list of all known Texas institutions of higher learning and state technical institutes that will accept any or all of the credit hours earned at this school.

(Student Initials)

C:

- I have furnished information disclosing my previous education, training, and work experiences. I understand this will be evaluated and may result in my program/course length being shortened and the cost being reduced.
- I further realize that any grievances not resolved by the school may be forwarded to the Texas Workforce Commission, Career Schools and Colleges, Room 226T, 101 East 15th Street, Austin, Texas 78778-0001, (512) 936-3100.
- A comparison of the cost to me for a similar course or program at other schools is available by contacting the Texas Workforce Commission, Career Schools and Colleges, Room 226T, 101 East 15th Street, Austin, Texas 78778-0001, (512) 936-3100.
- Employment in this career field (*does*) (*does not*) require state or national licensing, certification, or registration.

 (Name of State or National License, Certificate, or Registration, if required)

PROGRAM: <u>AAS Degree in Biomedical Technology-IDL</u>	REPORT YEAR: _____
NUMBER ENROLLED: _____	NUMBER OF JOB OPENINGS FOR THE LAST 12 MONTHS: _____ (if data is available)
NUMBER OF GRADUATES: _____	
COMPLETION RATE: _____ %	AVERAGE YEARLY STARTING SALARY: _____ (if data is available)
NUMBER OF GRADUATES EMPLOYED: _____ (Graduates that found a job related to training)	YEARLY STARTING SALARY RANGE: _____ (if data is available) (Low)
EMPLOYMENT RATE: _____ %	_____ (High)
NUMBER OF GRADUATES PLACED: _____ (Graduates that found a job related to training, <u>with the school's assistance</u>)	EXAM PASSAGE RATE: _____ % (for programs that prepare for state licensing, certification, or registration exams)
PLACEMENT RATE: _____ %	

(Additional information may be attached.)

D:

I understand that my certificate of completion and my transcript may be withheld if I have not fulfilled my financial obligations to this institution at the time of my graduation.

I certify that I have been provided all of the information above prior to my enrollment.

I understand that it is my responsibility to notify the school if I withdraw prior to completion.

I will receive a copy of this completed form and a copy of my enrollment agreement when signed.

 (Signature of Student)

 Date (mm/dd/yyyy)

 (Signature of School Official providing the information)

 Date (mm/dd/yyyy)

Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.