



BYERS TECHNICAL INSTITUTE

2694 Glasgow Highway
Buena Vista, VA 24416
Telephone: (540) 258-1028 Fax: (540)-25-1038)

Application/Enrollment Agreement for Admission

(All Section MUST be Completed)

To reserve your course and available start date, please complete this form on its entirety and send with your check or money order in the amount \$150.00 for the non-refundable registration fee and a picture ID to Byers Technical Institute, 2694 Glasgow Highway, Buena Vista, VA 24416. If paying by credit card, please also complete the credit card form which is included in this packet. The registration fee must be paid before your application can be processed. **The registration fee is separate and is not part of any tuition fee.**

Section 1: Personal Information

Legal Name _____

Social Security _____ - _____ - _____ Date of Birth ____/____/____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone (____) _____ - _____ Cell (____) _____ - _____

Email Address _____

Former Name(s) _____ Nickname _____

How did you hear about Byers Technical Institute? _____

I WISH TO ENROLL IN THE PROGRAM CHECKED BELOW:

_____ Accelerated Welding Program (448 hrs.) Certificate
Tuition \$5,500.00 Application Fee \$150.00 Tools Kit \$625.00 Materials/Testing Fee \$750.00 Total \$7025.00

_____ Combination Pipe Welding Program (904 hrs.) Diploma
Tuition \$10,900.00 Application Fee \$150.00 Tools Kit \$625.00 Materials/Testing Fee \$950.00
Total \$13,375.00

Student Start Date: _____

Note: Both programs have a \$625.00 safety Equipment and Tool Package

- Application Fees, tuition, testing fee & tool package fees are subject to change without notice.

Classes will begin on the first Monday of each month (excluding holidays)

School hours are: Monday – Thursday 7:00 a.m. - 3:00 p.m.

Byers Technical Institute does not and will not discriminate based on race, color, religion, sex, national origin, age or disability regarding admission or access to its programs.

THE INFORMATION BELOW IS NOT USED TO DETERMINE ELIGIBILITY, THIS DATA IS USED FOR STATISTICAL PURPOSES ONLY.

Gender Male _____ Female _____

Ethnicity: Are you Hispanic/Latino? Y/N _____

American Indian/Alaskan Native/Pacific Islander _____ Asian _____ African American _____

White _____ Other _____

Section 2: Cancellation/Refund Information

CANCELLATION/REFUND POLICY:

Three-Day Cancellation: An applicant who provides written notice of cancellation within three (3) business days, excluding weekends and holidays of executing the enrollment agreement is entitled to a refund of monies paid (excluding the non-refundable registration fee).

Other Cancellation: An applicant requesting cancellation more than three (3) days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of monies paid, less a \$100.00 cancellation fee.

Withdrawal Procedure:

- A student choosing to withdraw from school after the commencement of classes is to provide a written notice to the Administrator of Byers Technical Institute. The notice must include the expected last date of attendance and be signed and dated by the student.
- If special circumstances arise, a student may request, in writing, a leave of absence, which should include the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return from the leave of absence but fails to do so.
- A student will be determined to be withdrawn from Byers Technical Institute if the student misses seven consecutive days instructional days and all the days are unexcused.
- All refunds must be submitted within 45 days of the determination of the withdrawal date.

Refunds will be determined as follows

- A student who enters the school but withdraws or is terminated during the first quartile (25%) of the program shall be entitled to a minimum refund amounting to 75% of the cost paid for the program.
- A student who withdraws or is terminated during the second quartile (more than 25% but less than 50%) of the program shall be entitled to a minimum refund amounting to 50% of the cost paid for the program.
- A student who withdraws or is terminated during the third quartile (more than 50% but less than 75%) of the program shall be entitled to a minimum refund amounting to 25% of the cost paid for the program.
- A student who withdraws after completing more than three quartiles (75%) of the program shall not be entitled to a refund.

Refund Payments

Any refunds due under the foregoing provisions to the student who properly cancels, withdraws, is discontinued, or fails to return from an approved leave of absence, will be refunded within forty-five (45) days of the last date of attendance or within 45 days of the date the student failed to return from an approved leave of absence. Refunds due by the student to other entities will be made within their required timeframes, but never more than 60 days after the last date of attendance.

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STUDENT ACKNOWLEDGEMENTS:

I hereby acknowledge receipt of Byers Technical Institute's catalog (either by paper copy or electronic copy emailed to student), which contains information describing programs offered. _____

Student initials

I have carefully read and received a copy of this enrollment agreement. _____ Student initials

I understand that Byers Technical Institute may terminate my enrollment if I fail to comply with attendance, academic or financial requirements or if I fail to abide by established standard of conduct, as outlined in the catalog. While enrolled at Byers Technical Institute, I understand that I must maintain satisfactory academic progress as described in the catalog and that my financial obligation to BTI must be paid in full before a certificate or diploma may be awarded.

_____ Student initials

I understand that BTI does not guarantee job placement to graduates upon program completion or upon graduation. _____ Student initials

I understand that complaints, which cannot be resolved by direct negotiation with BTI in accordance to its written grievance policy, may be filed with the State Council of Higher Education for Virginia (SCHEV), 101 N. 14th Street, 9th Floor, James Monroe Building, Richmond, VA 23219. All complaints must be submitted in writing. SCHEV: Telephone number: 804-225-2600 Email address: www.schev.edu

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument. All pages of the contract are binding only when the agreement is accepted, signed and dated by the authorized official of BTI.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and the catalog constitute the entire agreement between the student and Byers Technical Institute.
5. Although BTI will provide placement assistance, Byers Technical Institute does not guarantee job placement to graduates upon completion or graduation.
6. BTI reserves the right to reschedule the program start date with the numbers of students scheduled is too small.
7. BTI reserves the right to terminate a student's training for unsatisfactory progress, nonpayment of tuition or failure to abide by the established standards of conduct.
8. BTI does not guarantee the transferability of credits to a college, university, or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

Applicant's Signature _____ Date _____

Parent(s) or Guardian Signature (if applicable under 18) _____



CONTRACT ACCEPTANCE:

I/WE, the undersigned have read and understand this agreement and acknowledge receipt of a copy of this agreement. I have enclosed my \$150.00 registration fee. I agree to be bound by the provisions of this agreement upon acceptance by years; Technical Institute. I also understand that if I default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by Byers Technical Institute.

Authorization to release information of school records. I authorize Byers Technical Institute to release information about my school records. Such information include address, telephone number, date of birth, dates of attendance and graduation, grades, attendance, and general comments.

My (Our) signature(s) below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities regarding this contract.

Signed this _____ of _____, 20 _____.

Signature of Student _____

Signature of parent or guardian (If student is less than 18 Years of Age) _____

BTI REPRESENTATIVE'S CERTIFICATION:

I hereby certify that _____ has been interviewed by me and in my judgement, meets all the requirements for acceptance in the _____ program at Byers Technical Institute as described in the Byers Technical Institute catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing in this agreement.

Signature of BTI Official _____ Date _____

Section 3: Residency Information

United States Citizen _____ Resident Alien _____ Non-Resident Alien _____ Undocumented Alien _____

Other Non-Us Citizen _____ (Resident Alien Must submit a copy of the front and back of Alien

Registration Card – Form I – 151 or I 1551). Non-Resident Alien must submit a valid visa.

Section 4: Education Information

School Attended _____ Year(s) _____

City, State _____ Zip Code _____

School Attended _____ Year(s) _____

City, State _____ Zip Code _____

H.S Diploma/GED _____ Associated Degree _____ Bachelor's Degree _____

Section 5: Employment Information

Employer _____ F/P Time _____

Address _____ Phone (_____) _____

City _____ State _____ Zip Code _____

Position _____

Section 6: Medical Information

Name of Insurance: _____ Name of Subscriber: _____

Policy _____ Are you taking any medications? ___ yes ___ no (check one)

If yes, please identify: _____

Are you allergic to any medications? ___ yes ___ no (check one)

If yes, please identify: _____

Please identify any medical information Byers Technical Institute should be aware of _____

Emergency contact information persons who may be notified in case of an emergency.

Name of Primary Contact: _____ Relation: _____ Address: _____ City: _____

Zip: _____ Phone Number: _____ Alternate Phone: _____

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Zip: _____ Phone Number: _____ Alternate Phone: _____

Section 7: Signature(s)

Do you give permission for BTI to Contact you via the telephone numbers provided, included text messaging or voicemail? Yes _____ No _____

My Signature on this application is my acknowledgement of the statements below:

- Foregoing information contained in this application is true and correct
- Misrepresentations or omission of information will be sufficient cause for rejection or dismissal!
- All Materials Subitted for application become property of BTI and will not be returned to me
- I certify I am at least 16 years of age, can speak English, can lift five pounds with one hand and one arm and vision.

Applicant's Signature _____ Date _____

Parent(s) or Guardian Signature (if applicate under 18) _____