



P.O. Box 122
Davison, MI 48423
517-803-2644
ABLE.us.com

Enrollment Application

**PRINT THIS PAGE - COMPLETE THE FORM – FAX IT TO 517-803-4408
OR MAIL IT WITH YOUR CHECK TO P.O. BOX 122, Davison, MI 48423
QUESTIONS? CALL 877-345-3072**

(Please Print)

Student's Name _____

Company Name *(if applicable)* _____

Student's Social Security Number _____

Student's Address _____

Student's Phone Number _____

Student's email address* _____

Date of Birth (xx/xx/xxxx) _____

Are you a U.S. citizen? Yes No

Today's Date: _____

By signing this enrollment agreement, I agree to abide by the policies and procedures as outlined in the Builders Education and Training of Michigan Course Catalog including but not limited to: Entrance Requirements, Admission Procedures, Enrollment dates, School Schedule, Attendance Policy, Conduct Policy, Cancellation/Refund Policy. I understand that I will receive a certificate of completion for each course completed.

Signature _____ Date _____

Print Name _____

If you currently hold a Michigan Builder's License, please enter your license number: _____

Are you a member of a Home Builders Association? No Yes

Name of Association _____

AAA Builders License Education admits students of any race, color, and national or ethnic origin.

Please note that you are subject to current tuitions/fees (contact our office to get current tuition), as they may change without notice.

**Under no circumstances will email addresses be shared outside of AAA Builders License Education*



Application Policies

Cancellation Policy:

1. All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An applicant fee of not more than \$25.00 may be retained by the school if the applicant is denied. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. All refunds shall be returned within 30 days.
2. After three business days have elapsed, if training is terminated by the student, unless the school has discontinued the program of instruction, the student is financially obligated to the school according to the following formulas or maximum charges:
 - a) If a student withdraws prior to completion of 50 percent of the contracted instructional program, the student shall be entitled to a pro rata refund of the tuition charged and paid for such educational program, less registration/application fees, supply fees, and any other legitimate charges owed by the student.
 - b) If a student withdraws upon completion of 50 percent or more of the contracted instructional program, the student shall be obligated for the tuition charged for the entire instructional program and shall not be entitled to any refund.
 - c) The term "Pro rata refund" means a refund of tuition paid for that portion of the program beyond the last recorded date of attendance. The date for determining that portion shall be the published class schedule and the last recorded date of attendance by the student.

Additionally, I understand the following:

1. That any refund calculation is based on my last date of physical attendance.
2. If a lab fee is included, the school will indicate what the lab fee covers.
3. That tuition is a fee based on the program designed specifically for my goals, objectives, and interests, and agreed upon by myself and AAA Builders License Education.
4. A student may cancel enrollment by giving written notice to the school. If this notice occurs:
 - a. Within three business days of the signed and accepted enrollment, all monies paid shall be refunded.
 - b. After 3 business days have elapsed, see number 2 under "Cancellation Policy."

My signature indicates that I have received these documents and agree to any stipulations listed in them.

Signature of Student

Date _____

Signature of School Official

Date _____

Payment must be included with this application in the form of check or money order, or by credit card:

If paying by credit card, please complete the following

Type of card

Master Card Visa Check (No. _____)

Please Print Name as it appears on the card _____

Card Number _____ Exp. Date _____

Signature _____ Security Code _____

For Office Use

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