



Massachusetts Systems Contractors Association, Inc.
75 Hour "C" License Course - Enrollment Agreement

STUDENT NAME: _____

COMPANY NAME: _____

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

EMAIL (REQUIRED): _____ CELL PHONE: _____

ENTRANCE REQUIREMENTS:

- HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT AND INDIVIDUAL MUST BE AT LEAST 18 YEARS OR OLDER TO ENROLL

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 30, 2026**
- CLASSROOM HOURS ARE 5:30PM-9:30PM

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

*MSCA 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	

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.

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 (First Quarter: up to 18.75 hours completed), 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: \$675.00 (Member Rate) or \$862.50 (Non-Member Rate)
5. If you terminate this agreement during the second quarter of the program (Second Quarter: up to 37.50 hours completed), 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: \$450.00 (Member Rate) or \$575.00 (Non-Member Rate)
6. If you terminate this agreement during the third quarter of the program (Third Quarter: up to 56.25 hours completed), 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: \$225.00 (Member Rate) or \$287.50 (Non-Member Rate)
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.
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. (Fourth Quarter: more than 56.25 hours completed) Refund Amount: \$0

ADMINISTRATIVE COSTS EQUAL \$ 50.00

Any changes, addendums, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the student and are subject to the regulations of 230 CMR 15.04.

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, 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. Refund Amount: You will receive a refund of at least seventy- five percent of the tuition, less the actual reasonable administrative costs and materials. The MSCA does not refund books and course supplies in the event that you begin our course and do not complete.

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and you are subsequently denied some or all of that student loan or financial aid amount, the School shall offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K.

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@mass.gov or (617) 701-8719.

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 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. Nelson DATE: _____

PRINT SCHOOL OFFICIAL’S NAME: Jessica A. Nelson

I, the student, have received a completed and signed copy of this agreement on date: _____ (student’s initials) _____

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: _____