

# Institute of Design and Construction

141 Willoughby St., Brooklyn, N.Y. 11201 • (718) 855-3661 • FAX (718) 852-5889  
www.idc.edu

FALL 20\_\_\_\_  
 SPRING 20\_\_\_\_

Please print or type clearly. Use ball point pen.

## ENROLLMENT AGREEMENT

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tele. (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tele. (\_\_\_\_) \_\_\_\_\_

Status - check all applicable

Racial Ethnic Data (Optional) Check all that apply

- 01  Matriculated
- 02  Non Matriculated
- 03  Special Student
- 04  Foreign Student
- 05  Veteran
- 06  Transfer
- 07  First Time Student
- 08  Re Enrollment
- 09  0-30 Credits Completed at IDC
- 10  over 30 credits completed at IDC
- 11  Will complete AOS this sem.

- J  Black Non Hispanic
- K  Hispanic/Latino
- L  Asian
- M  American/Alaskan Native
- N  Hawaiian/Pacific Islander
- P  White Non Hispanic

<b>Anticipated Major</b> <input type="checkbox"/> Architectural Technology - Building Design: <input type="checkbox"/> Architectural Technology - Interior Design <input type="checkbox"/> Building Construction Technology	<b>Special Programs</b> Local 15D Member # _____ Other _____
--	--

### FINANCIAL AID PENDING

TAP\$ \_\_\_\_\_ ; PELL \$ \_\_\_\_\_ ; FFELP \$ \_\_\_\_\_ ; Other \$ \_\_\_\_\_  Total \$ \_\_\_\_\_

CLASS CODE	SECTION	COURSE	DAY	TIME	CREDITS	TUITION
1						
2						
3						
4						
5						
6						

### TUITION AND FEES:

TOTAL

- Tuition: \$300.00 per credit
- Application Fee: \$30.00 (first time students only)
- Registration Fee: \$40.00 per semester
- Computer Laboratory Fee: \$100.00 per semester
- Late Registration Fee: \$60.00 *(for re-enrolling students only who register during the late registration period)*
- Re-Matriculation Fee: \$30.00 *(for any returning matriculating student registering after an absence of one or more semesters)*

REG. FEE	<b>40</b>
LATE REG. FEE	
REMAT. FEE	
COMP LAB	
<b>TOTAL</b>	

**FULL TUITION FEES MUST BE PAID IN FULL UPON REGISTRATION**

## REFUND CLAUSE

If a student must withdraw from the Institute for a valid reason, he or she must apply in person to the Administration Office for permission to do so. Only in approved instances where personal illness or other compelling circumstances interfere can withdrawal be accomplished by mail. Refunds will be based on the date on which the withdrawal forms are filed with the Institute and not the last date of attendance. If the reason for withdrawal is accepted, the Institute may refund only tuition as follows: Approved withdrawal after registration but prior to the beginning date of the semester 100% refund of the semester's tuition; during the first week 80%; during the second week 60%; during the third week 40%; during the fourth week 25%. No refunds are made for withdrawals after the fourth week of the semester. All refunds based upon the official withdrawal date will be calculated from the scheduled opening date of the classes. A student who registers for classes but does not attend any classes is subject to the above refund policy. Tuition charges do not include the cost of books, supplies and equipment. Registration fee is not refundable. All students agree to abide by the rules and regulations of the school. Anyone not so abiding will be subject to immediate dismissal at the discretion of the Executive Director. The Institute reserves the right to withdraw any course or courses due to insufficient enrollment. Full refund will be made for any amount paid toward a course withdrawn.

Date \_\_\_\_\_ Signed \_\_\_\_\_

IDC per \_\_\_\_\_

- ENT ALA     - Billing     \_\_\_\_\_