

ALBERT CAREER SCHOOL

Student Semester Registration

Date: _____
Semester: _____
Student ID#: _____

Student Name: _____
(family Name) (given Name)
Address: _____
(Street) (City) (State) (Zip)h
Phone #: _____ Email: _____

Is the address, phone, or email new? Yes No

If this is new you must also update your address with USCIS

Do you have a Pending Change of Status Application with USCIS? Yes No

Explain: _____ Expected date of approval: _____

Requested Schedule:

Day 9am to 1:30pm
 Evening 6pm to 10:30pm

TUITION

Prior Semester Balance: _____
Current Semester Tuition: _____
Admin Fees: _____
Other: _____

TOTAL DUE FOR SEMESTER: _____

Minimum due at registration (Prior Balance + 1st month payment + fees): _____

REGISTRATION PAYMENT

Full Payment Date: _____ Amount: _____ Portal In Person
 Payment Plan
1st Payment Paid Date: _____ Amount: _____ Portal In Person
2nd Payment Due Date: _____ Amount: _____
3rd Payment Due Date: _____ Amount: _____

\$40 Monthly Late Fee with be charged if tuition payments are not made by established due date.

I have read and understand the information contained in this document and the charges that I owe Albert Career School. By signing below I am registering for the current semester and I agree to pay the stated amount according to the agreed terms stated in my agreement.

I understand that I must attend 18 hours of class per week. If I fall below this requirement I can be terminated. If I do not attend classes for 14 consecutive days, I will be terminated without warning.

Student Signature

Date