Buckeye Career Center

Adult Education

545 University Drive NE

New Philadelphia OH 44663

Phone: (330) 308-5720 / Fax: (330) 308-8958

Toll Free: (800) 227-1665

**Tuition Agreement**

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| **This agreement certifies that the following Responsible Party (Company/Agency):** | | |
| Company/Agency: | | |
| Authorized Representative Name: | | Title: |
| Billing Address: | | |
| City: | State: **Ohio** | Zip: |
| Phone: | P.O. Number: | |

**Will be responsible for paying all related fees, payable to Buckeye Career Center, Adult Education, 545 University Drive NE., New Philadelphia, Ohio 44663 for the following:**

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| **Student’s Information** | | |
| Last Name: | First Name: | Middle Name: |
| Address: | | |
| City: | State: | Zip: |
| County: | Birthday: | Social Sec. #: |
| Home Phone: | Cell Phone: | Work Phone: |
| E-Mail Address: | | |

|  |  |
| --- | --- |
| **Class:** |  |
| **Cost:** |  |

**If you need to withdraw from a part-time course, all but a $10 processing fee will be refunded. Withdrawals must be made no less than three (3) business days before the class is scheduled to begin. No tuition will be refunded if a student withdraws within 3 days of the scheduled start of class or after the class has started.**

As the authorized representative of the above company/agency, I authorize Buckeye Career Center to bill the above company/agency for the required amounts.

I understand that the receipt of payment by Buckeye Career Center in no way guarantees that the student will pass the course, examinations or any State mandated test.

|  |  |
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| **Authorized Representative Signature:** | |
| **Title:** | **Date:** |