



Sheffield Campus
 5095 Waterford Drive
 Sheffield Village, OH 44035
 (440) 934-3101
 (888) 514-3126
 (440) 934-3105 Fax

Application and Enrollment Agreement Continuing Education

Name: _____ Soc Sec No: _____

Address: _____ Phone: () _____ - _____

City: _____ State: OH Zip : _____

Cell: () _____ - _____ DOB: ____/____/____ Gender: _____

Course _____ Contact Hours _____ Meet Day/Time _____

Fees: Tuition: \$ _____ Materials: _____ Total: _____

Payment Method: Check/Cash Credit Card PO Number

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Business: _____ Contact: _____

Address: _____ Phone: () _____

City: _____ State: OH Zip: _____

Ohio Business College reserves the right to cancel or reschedule any class due to lack of enrollment.

A full refund will be issued to participants should the school cancel the scheduled class.

In the event that the class is canceled, participants will be notified within seven (7) calendar days of the scheduled class.

Refunds will be made within 30 days of the cancellation.

No refunds will be issued to participants who have paid in full for a class, but were not present the day of class.

Student Signature _____ Date _____

Accepted by _____

Admissions Representative _____

Office Use Only

Check#/CC approval: _____ Receipt #: _____ Payment Recvd.: ____/____/____

Check#/CC approval: _____ Receipt #: _____ Payment Recvd.: ____/____/____