



Continuing Education & Apprenticeship Enrollment Form

Continuing Education & Apprenticeship

2201 S. 78th St., Tacoma, WA 98409 • 253-680-7402 • www.BatesTech.edu

Personal and Biographical Details	Last Name		First Name		Middle Name		
	Birthdate		*Social Security Number		ctcLink ID (College assigned.)		
	<small>*Your social security number (SSN) or Individual Taxpayer ID Number (ITIN) is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, Employment Security, Job Placement Services, academic transcripts, or accountability research. If you do not submit your SSN/ITIN, your will not be denied access to the college.</small>						
	Mailing Address						
	Cell Phone		Home Phone		Email Address		
Regional Info	Sex						
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-Binary						
Residency	Are you of Hispanic/Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list ethnic group(s): _____						
	What ethnic group(s) do you consider yourself to be?						
	<input type="checkbox"/> White		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander				
	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian, please specify: _____				
Course Information	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Other, please specify: _____				
	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, country of citizenship: _____						
	<input type="checkbox"/> Immigrant or Permanent Resident		Permanent Resident Card #: _____				
Course Information	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, country of citizenship: _____						
	<input type="checkbox"/> Immigrant or Permanent Resident		Permanent Resident Card #: _____				
	<input type="checkbox"/> Visitor Visa		<input type="checkbox"/> Other: _____				
	Quarter: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring						
	Course #		Course Title		Dates		Fees
						Total Fees:	

Student Signature: _____ Date: _____

Self-Support Courses Refund Policy

Continuing education classes are self-supported; therefore Bates will cancel a class if there are too few participants enrolled to cover the cost of the class. The refund policy for self-support classes is as follows:

- If the college cancels the class - 100%
- Withdrawal on or before one business day prior to the 1st class - 100%
- Student registers but doesn't attend - No refund

Tuition Refund Policy

A student who has paid tuition before the quarter starts but is unable to attend the class may receive a full tuition refund. After the first day of class, Bates grants refunds as follows:

For state supported classes, tuition and fees* will be refunded upon official withdrawal by the student according to the following schedule:

- 100% if the college cancels the class
- 100% if by the close of the fifth instructional day of the quarter
- 50% if by the close of the 20th instructional day of the quarter
- 0% after the 20th instructional day of the quarter

The tuition refund policy applies to all students in state-supported programs. It is the student's responsibility to complete a withdrawal form and submit it to the registration office. The date the withdrawal is received will be used for calculating refunds.

*Certain consumable and pass-thru fees are not refundable.

Bates Technical College reaffirms its policy of equal opportunity and does not discriminate on the basis of race, ethnicity, color, national origin, creed, religion, sex, sexual orientation, gender identity, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in its programs and activities in accordance with college policy, and applicable federal and state statutes and regulations. Bates publications are available in alternate formats upon request by contacting the disability support services office at 253.680.7010. Inquiries regarding Bates' non-discriminatory policies, including Title IX and ADA, should be directed to: for student matters, the Vice President of Student Services Steve Ashpole, sashpole@batestech.edu, at 253-680-7005, Downtown Campus A211D. For employee matters, the Executive Director of Human Resources Kameil Borders, kameil.borders@batestech.edu, at 253-680-7180, Downtown Campus A326. If you need assistance due to sensory impairment or disability, contact the Assistant Coordinator Disability Support Services Rhonda Sample, rsample@batestech.edu, at 253-680-7012.



Student Release of Information

Bates Technical College student educational records are maintained according to the Family Educational Rights and Privacy Act of 1974 (FERPA). Bates Technical College does not release information contained in your educational record to family members, other people or agencies without your written consent. If you wish to give permission for another person or agency to have access to your records, please complete this form and submit it to the Registration Office at any campus or email registration@batestech.edu. Use one form for each person or agency.

Student Full Name (print clearly)	Student ID Number
Student Email	Please provide a security question and answer. This will be used to verify identify.

I authorize Bates Technical College to release information to the following person/agency:

Name of Person or Agency			
Street Address	City	State	Zip code

I authorize Bates Technical College to release the records indicated below:

- Financial Aid
 Registration records
 Cashiering/Billing/Tuition Information
 Other: _____

Expiration date:

- Start date or quarter: _____
 To end date or quarter: _____

If the expiration date is left blank, the permission will expire on June 30 of the calendar year following the date the release was signed.

My signature below authorizes this release.

Student Signature	Date
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FOR STAFF USE ONLY	
Financial Aid	_____
Cashiering	_____