



CAL MARITIME

California Maritime Academy - Extended Learning

(707) 654-1157 ■ Fax (707) 654-1158

200 Maritime Academy Drive, Vallejo, CA 94590

Email: xl@csum.edu ■ Website: www.maritime-education.com

Course Enrollment Form

Name: _____ Date: _____

Address: _____ SSN# : _____

City: _____ ST: _____ ZIP: _____

Phone: _____ Alt Ph: _____ DOB: (for Security Courses only) _____

Company: _____

Email: _____ CMA Year of Graduation: _____ Ver: _____

<u>COURSE #</u>	<u>COURSE NAME</u>	<u>DATE</u>	<u>TIME</u>	<u>COST</u>
_____	_____	2011	-	\$
_____	_____	_____	-	\$
_____	_____	_____	-	\$
_____	_____	_____	-	\$
_____	_____	_____	-	\$
_____	_____	_____	-	\$

SUBTOTAL: _____

California Maritime Academy Alumni & Staff receive a 10% discount on Extended Learning classes

TOTAL : \$ _____

(Required texts will be the responsibility of the student. Please consult course requirements)

Course fees may be paid by cash, check (payable to CMA), purchase orders or with American Express, Visa or MasterCard credit card. 50% deposit registers and reserves your seat in the class. **All registration must be paid in full (2) two calendar weeks prior to the beginning of the class.** There will be a \$25.00 fee charged for all returned checks. Extended Learning will provide a full refund if a student cancels 15 or more calendar days before the start of the class. Cancellations received between 14 and 7 days before the start of the class will be charged a fee of 25% of the class tuition. Cancellations received less than one week prior to the start of the class will receive a 50% refund of class tuition. Cancellations received one day prior to or on the start of the class will receive no refund. Students who are registered yet fail to attend, as well as those who do not complete the program, will not be eligible for refunds.

ADA Statement

The California Maritime Academy, Extended Learning is committed to providing reasonable accommodations for students with disabilities upon request of the student (in a timely fashion) and upon verification of disability. For more information, please call (707) 654-1157.

Please check one:

- Cash Check Visa/Master Card American Express

Name: _____ Amt: _____

Card #: _____

Exp. Date: _____

Signature: _____

NOTE: Receipt will be sent via EMAIL @ address provided unless otherwise requested by student.

Extended Learning reserves the right to cancel classes.