

WACTC

Western Area Career & Technology Center

688 Western Avenue Canonsburg, Pennsylvania 15317
(724) 746-2890 FAX (724) 746-0817 Web Site www.wactc.net

Dennis J. McCarthy, Ph.D.
Executive Director

ADULT EDUCATION ENROLLMENT AGREEMENT

First Name _____ Last Name _____

Full Address _____

Home Phone / Cell Phone _____

Email Address _____

Enrolling In _____ Hours _____

Anticipated Start Date _____ Anticipated Completion Date _____

Amount Paid _____ Balance Due _____

Payment for courses MUST be paid in full prior to the start date of class.

Checks are to be made payable to **Western Area Career & Technology Center**

Master Card / Visa, Discover, American Express are also accepted.

Card Number _____ Valid thru _____ Three Digit Code _____

REFUND POLICY

Tuition will not be refunded after the second class session has met.

WACTC reserves the right to change the start and/or completion dates or to cancel a class.

Mail Completed Application To:

Western Area Career & Technology Center
Adult Education Department
688 Western Avenue
Canonsburg, PA 15317

Signature _____ Date _____