



1764 N. Congress Avenue
 West Palm Beach, FL 33409
 561 586-0121 Office
 561 471-4010 Fax
www.hci.edu

Fire Science Student Registration

Name: _____

Address: _____
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Telephone: (Home) _____ (Business or Cellular): _____

Social Security Number: _____ DOB: _____ Gender: Male / Female

E-Mail Address: _____

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FIRE SCIENCE CERTIFICATE PROGRAM

\$85.00 per credit hour

Start Date: ___/___/___ **Anticipated End Date:** ___/___/___

The Fire Science Program is offered for Certified Firefighters and Inspectors who are seeking career advancement and/or recertification. The program offers the training and courses required to allow the student to apply for certification as Fire Officer I, Fire Officer II, Fire Inspector and Instructor I, II, and III.
 Credits Per Class.....3

In House Class
 Tuition per class.....\$255.00
 Registration Fee\$ 15.00
 Total per in house class.....\$270.00

Online or Hybrid Classes
 Tuition per class\$255.00
 Registration Fee\$ 15.00
 Online Access Fee.....\$ 75.00
 Total per Online class.....\$345.00

Class Request:

- FFP 1505 Fire Prevention Practices
- FFP 1510 Fire Codes & Standards
- FFP 1540 Private Fire Protection Systems I
- FFP 1740 Fire Service Course Delivery
- FFP 1811 Fire Fighting Tactics & Strategy I
- FFP 2120 Building Construction for the Fire Service
- FFP 2521 Constructions Documents & Plans Review
- FFP 2610 Fire Investigation Origin and Cause
- FFP 2720 Company Officer
- FFP 2741 Fire Service Course Delivery
- FFP 2811 Fire Fighting Tactics & Strategy II
- FFP _____

ADMISSION REQUIREMENTS

1. 18 years of Age
2. High School Diploma or G.E.D.
3. Completed application and enrollment form.
4. State Certified Fire Fighter
5. Drivers License or Government issued photo ID

METHODS AND TERMS OF PAYMENT

Payment may be made BY CASH, CHECK (made out to Health Career Institute or HCI)

CREDIT CARD: VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS.

Tuition and related fees are due in full at time of registration and acceptance of the enrollment agreement.

PROGRAM REFUND POLICY

CANCELLATION REFUND POLICY

Students may cancel enrollment in a program with in three (3) business days after signing the enrollment agreement.

Students wishing to cancel an enrollment must complete and sign a Withdrawal/Cancellation Form. This form is available at www.hci.edu or from Student Services.

Cancellations must be made in person or by certified mail to the Program Director.

Health Career Institute will refund monies paid by students in the following manner:

- All monies will be refunded if the applicant is not accepted by the school or if the student cancels with in three (3) business days after signing the enrollment agreement and making payment..
- Cancellation after the third (3rd) business day, but before the first day of class, will result in a refund all monies paid with the exception of the registration fee.
- Any textbooks and school polo shirts that were issued must be returned to the school unused to receive the refund for those items
- Refunds will be made within 30 calendar days of the date of Withdrawal.

WITHDRAWAL REFUND POLICY

Students wishing to withdraw from a program must complete and sign a Withdrawal/Cancellation Form. This form is available at www.hci.edu or from Student Services.

Completed forms must be submitted in person or by certified mail to the Program Director.

If the student withdraws without written notice, termination of enrollment shall take effect the date the school determines that the student has withdrawn.

The school considers a student as Withdrawn when one of the following parameters is met:

- Students who do not return to the program from an approved leave of absence
- Students who fail to follow proper procedures for requesting a leave absence
- Students who do not receive approval for their leave

Health Career Institute will refund monies paid by students in the following manner:

- Withdrawal after attendance has begun, but prior to 40% completion for that semester, will result in a pro rata refund based on tuition for that that semester. See chart below.
- Withdrawal after completing 40% of the semester will result in no refund.
- The Withdrawal date for refund computation will be one of the following:
 - The date Withdrawal/Cancellation form signed by student.
 - The date of withdrawal for unsatisfactory progress.
 - The date of withdrawal for excessive absences will be the last date of attendance.
- Refunds will be made within 30 calendar days of the date of Withdrawal.

% in class	% Tuition Refund
20%	50%
21 % - 40%	25%
More then 40%	0%

A student can be dismissed, at the discretion of the Director and/or President, for unsatisfactory progress, non-payment of tuition and fees, or failure to comply with rules and regulations.

GROUND FOR CANCELLATION, TERMINATION, or WITHDRAWAL

I agree to comply with the rules and policies and understand that the School shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand that the School reserves the right to modify the rules and regulation, and that I will be advised of any and all modifications.

Initial _____

GRADUATION REQUIREMENTS

I understand that in order to graduate from the program and to receive a certificate of completion, diploma or degree I must successfully complete the required number of scheduled clock hours as specified in the catalog and on the Student Enrollment Agreement, pass **all** written and practical examinations with a 70% for General Education and Fire Science courses. Complete all required externship hours if applicable to the program and satisfy all financial obligations to the School.

Initial _____

EMPLOYMENT ASSISTANCE

I understand that the School has not made and will not make any guarantees of employment or salary upon my graduation. The School will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

Initial _____

ACKNOWLEDGEMENT

This contract contains the entire agreement between Health Career Institute and me, and no further modification or representation except as herein expressed in writing will be recognized. The student understands that there is no financial aid available and is responsible for full payment prior to class. The student also acknowledges that they have received a receipt of payment for their records as well as been given a copy of this completed enrollment agreement as executed for the students files.

Initial _____

- Student must initial each section after reading.

