



## Adult General Education Expectations

### PLEASE INITIAL AFTER READING EACH BULLETED STATEMENT

#### Attendance Policy:

- If I am absent from campus class six consecutive days or do not meet my time on task requirements for online classes, I will be withdrawn from that class. \_\_\_\_\_
- If I am withdrawn from a campus class or online class for attendance or not meeting my time on task requirements, I will be given one chance to re-enroll in that class during the semester. I **will** have to pay the **\$15** re-enrollment fee. \_\_\_\_\_
- If I am absent from a class for 30 calendar days in a row, I may not re-enroll in that class. \_\_\_\_\_
- If I am absent from school for 90 calendar days in a row, I may/may not be permitted to enroll in classes for the rest of the school year. \_\_\_\_\_

#### Classroom Expectations:

- No cell phones or electronic devices. \_\_\_\_\_
- Consistent attendance is critical to your success in our program. \_\_\_\_\_
  - You are expected to be on time and remain in your class for the full duration. \_\_\_\_\_
- Wear ID badge above waist at all times. \_\_\_\_\_
  - (If you forgot your badge, you can purchase a new badge, go home or have someone bring the badge before going to class.) \_\_\_\_\_
- Sign in and out of class at all times. \_\_\_\_\_
- I **MUST** post-test before the end of the semester. If I DO NOT post-test I may **NOT** be able to register for the next semester. \_\_\_\_\_

#### Dress Code and General Appearance:

- No "short shorts" or cut-offs. \_\_\_\_\_  
(Shorts must be as long as the student's finger when their shoulders are down) \_\_\_\_\_
- No spaghetti straps, halter tops, or racer-back shirts. \_\_\_\_\_
- No mid-riff (stomach showing). \_\_\_\_\_
- Must wear shoes, no bedroom slippers. \_\_\_\_\_
- No inappropriate messages on shirts, pants, etc. \_\_\_\_\_

#### Disciplinary Process:

- 1<sup>st</sup> Offense – Student will receive a verbal reprimand from your teacher. All referrals are sent to the Dean of Students. \_\_\_\_\_
- 2<sup>nd</sup> Offense – Student will attend meeting with Dean of Students and AGE School Counselor. Student will be suspended for 2 days and upon returning from suspension will be required to sign a "Corrective Action" form. \_\_\_\_\_
- 3<sup>rd</sup> Offense – Student will attend a meeting with Dean of Students and AGE School Counselor. Student will be administratively withdrawn from the program. \_\_\_\_\_

**OVER** →



**MARION**  
TECHNICAL COLLEGE

**Sexual Predator and Sexual Offender Notification:**

- <https://offender.fdle.state.fl.us>
- 1-888-357-7332

**To inform individuals applying for or receiving services, in writing, that their personal and confidential information:**

- a) Will be shared only among the WIOA core program partner staff and subcontractors;
- b) Will be used only for the purpose of conducting an employment data match and that further disclosure of personal confidential information or records is prohibited; and
- c) Will not be shared among WIOA core partners if the individual declines to share personal confidential information or records and that declining to share will not impact eligibility for services. \_\_\_\_\_

I have read, understand, and acknowledge the above statements:

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Print Name: Last

First

Date

Signature



**\* USE BLUE INK**

## Permission to Release Information / Emergency Contact

Official Use Only

Student ID# \_\_\_\_\_

Effective Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Last Four SS# \_\_\_\_\_  
(Last) (First) (MI)

### **PLEASE CHECK THE PERMISSION BOX THAT APPLIES:**

- ☐ I give permission to release and /or discuss my academic and personal information to the individual(s) listed below. I understand that I can rescind this permission at any time by making a written request.

Permission granted to: (PLEASE PRINT LEGIBLY)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

- ☐ I decline permission to release and /or discuss my academic information.

### **PLEASE CHECK THE PERMISSION BOX THAT APPLIES:**

- ☐ I **give permission** for my information to be shared among the WIOA core program partner staff and subcontractors. My information will only be used for the purpose of conducting an employment data match and that further disclosure of personal confidential information or records is prohibited.
- ☐ I **decline** the sharing of my information among the WIOA core program partner staff and subcontractors.  
(Declining will not impact my eligibility for services.)

### **EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_



### Authorization for Release of GED® Test Records

This form is used to obtain permission from GED® test takers to share GED® test records with staff of the school district/college/institution specified. GED® test records will not be shared with any other entity than the one designated.

I give my permission to the staff of

**Marion Technical College**

to view, download, and/or store my GED® test scores for the following purposes:

- Graduation ceremony invitation
- GED® preparation opportunities
- Accountability and performance reporting

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*Printed Name*

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*Signature*

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*Date*

***This authorization must only be presented to the tester after the GED® testing experience. The form cannot be presented during testing intake procedures.***

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## Marion Technical College Refund Policy

Marion Technical College has fair and equitable procedures for the refund of tuition, fees, and other charges uniformly administered and published in the MTC catalog. These procedures comply with the guidelines published by the Council on Occupational Education (COE) and Federal Title IV regulations. All refunds shall be accounted for and audit trails maintained in accordance with Chapter 8 of the Financial and Program Cost Accounting and reporting for Florida Schools (AKA – Red Book). Refunds, when due, will be made without requiring a request from a student and will be processed within 45 days; students with VA Education Benefits will be processed in 40 days.

1. Refunds for Classes Cancelled by the Institution:

A. Tuition and fees collected in advance of the start date of a program and the institution cancels the class, the institution refunds 100% of the tuition and fees collected.

2. Refunds for Students Who Withdraw on or Before the First Day of Class:

A. If tuition and fees are collected in advance of the start date of classes and the student does not begin classes or withdrawals on the first day of classes, no more than \$100 of the tuition and fees may be retained by the institution.

3. Refunds for Students Enrolled Prior to Visiting the Institution:

A. Students who have not visited the school facility prior to enrollment will have the opportunity to withdraw without penalty within three days following either attendance at a regularly scheduled orientation or following a tour of the facilities and inspection of the equipment.

4. Refunds for Withdrawal After Class Commences:

A. Tuition refunds for students enrolled in CCP programs of 600 hours or greater are as follows:

1. If a student withdrawals during the first five (5) days of class – 100% of tuition and lab fees.
2. If a student withdrawals after the fifth day of class – NO refund

B. Tuition refunds for students enrolled in CCP programs of less than 599 or less hours are as follows:

1. If a student withdrawals during the first three (3) days of class – 100% of tuition and lab fees.
2. If a student withdrawals after the third day of class – NO refund

5. Refunds for Students Enrolled in Continuing Workforce Education, Community Enrichment Classes or Limited Contract Classes:

A. All fees are non-refundable for courses related to continuing Workforce Education (CWE), Community Enrichment Classes or Limited Contract Classes.

6. Students Administratively Dismissed:

A. Students administratively dismissed will not be eligible for a refund.

7. Students who pay fees but are entitled to a waiver, voucher or agency payment shall be entitled to a refund of fees only if required evidences are presented to the school or his/her designee within fifteen (15) school days of the beginning of a term.

Additional Refund Policies:

- A \$50 Processing fee will be charged except for an administratively cancelled class.
- No refund on books, supplies, insurance, fingerprinting or testing fees.
- Registration fees are non-refundable
- No refund will be given for fees used to purchase required program professional liability

insurance.

- No refunds will be made until ALL financial obligations have been cleared.
- If student tuition has been paid by MTC FA or a sponsoring agency, the refund due will be returned to the MTC FA fund or the agency that sponsored the student. Students are responsible for any resulting unpaid tuition and fees.
- When a student withdraws and is due a refund, the refund will be processed within 45 days. No funds will be held for future use.
- Payments made by credit card will be refunded to the same credit card used for payment. Cash payments will be refunded by school district check made payable and mailed to name listed on the original receipt.
- Official transcripts will be held until ALL debts owed to the school are paid.
- Students who feel they have been treated unfairly in the application of these procedures or its rules may appeal using the student grievance procedure as presented in the Student Handbook.
- AGE/ESOL –No refunds after the third scheduled day of class.

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Signature of student

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Date

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Signature of Parent or Guardian

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Date



## Student Photo/Video Release Form

I, \_\_\_\_\_ (please print), grant permission to Marion Technical College and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby waive any right to inspect or approve the finished photograph/video or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied. I hereby release Marion Technical College and its legal representatives for all claims and liability relating to said images or video. I release MTC, its officers, employees and agents, from any and all claims of harm and liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise which may occur from making, showing, using or distributing these photographs/video. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

### Please sign and fill out the following:

Print Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_





# Career Certificate Programs

Print your Name \_\_\_\_\_

Please, look over the Career Certificate Programs and select accordingly.

*D = Definitely Interested*

*M = Maybe Interested*

*NA = Not*

\_\_\_ Automotive General Service Technician

\_\_\_ Cosmetology

\_\_\_ Baking & Pastry Arts

\_\_\_ Electrician-APPR

\_\_\_ Barbering

\_\_\_ Facials Specialty

\_\_\_ Business Management & Analysis

\_\_\_ Firefighter

\_\_\_ Commercial Class "B" Driving

\_\_\_ Massage Therapy

\_\_\_ Commercial Vehicle Driving

\_\_\_ Nail Specialty

\_\_\_ Emergency Medical Technician

\_\_\_ Phlebotomy

\_\_\_ CSIT - Computer System & Info Technology

\_\_\_ Firefighter/Emergency Medical Technician Combined

\_\_\_ Fundamental Foodservice Skills

\_\_\_ Heating, Ventilation, Air-Conditioning/Refrigeration (HVAC)

\_\_\_ Medical Coder/Biller

\_\_\_ Nursing Assistant (CNA)

\_\_\_ Paraprofessional (Teacher Aide)

\_\_\_ Practical Nursing

\_\_\_ Radiologic Technology

\_\_\_ Welding Technology

\_\_\_ Welding Technology Advanced

\_\_\_ OTHER (print) \_\_\_\_\_

# Programas de Certificado de Carrera

Nombre: \_\_\_\_\_

Por favor, revise los Programas de Certificado de Carrera y seleccione.

*D = Definitivamente interesado    M = Tal vez interesado    N/A = No*

- |  |  |
|--|--|
| <input type="checkbox"/> Técnico de Servicios Generales Automotrices                       | <input type="checkbox"/> Cosmetología          |
| <input type="checkbox"/> Artes de panadería y pastelería (Repostería)                      | <input type="checkbox"/> Electricista-APPR     |
| <input type="checkbox"/> Barbería  | <input type="checkbox"/> Especialidad Faciales |
| <input type="checkbox"/> Gestión y Análisis de Negocios                                    | <input type="checkbox"/> Bombero               |
| <input type="checkbox"/> Conducción Comercial Clase "B"                                    | <input type="checkbox"/> Masajes Terapéuticos  |
| <input type="checkbox"/> Conducción de vehículos comerciales                               | <input type="checkbox"/> Especialidad en uñas  |
| <input type="checkbox"/> Técnico de Emergencias Médicas                                    | <input type="checkbox"/> Flebotomía            |
| <input type="checkbox"/> CSIT - Sistemas Informáticos y Tecnologías de la Información      |  |
| <input type="checkbox"/> Bombero/Técnico de Emergencias Médicas Combinado                  |  |
| <input type="checkbox"/> Habilidades fundamentales de servicio de alimentos                |  |
| <input type="checkbox"/> Calefacción, Ventilación, Aire Acondicionado/Refrigeración (HVAC) |  |
| <input type="checkbox"/> Codificador/facturación médica                                    |  |
| <input type="checkbox"/> Auxiliar de Enfermería (CNA)                                      |  |
| <input type="checkbox"/> Ayudante de Maestro (Paraprofessional)                            |  |
| <input type="checkbox"/> Enfermería práctica   |  |
| <input type="checkbox"/> Tecnología radiológica  |  |
| <input type="checkbox"/> Tecnología de soldadura   |  |
| <input type="checkbox"/> Tecnología de soldadura avanzada                                  |  |
| <input type="checkbox"/> OTRO (letra de imprenta) _____                                    |  |