



## Student Agreement Form

Last Name:	QSIT ID Number
First Name:	Phone:
Email	Term:

### Student Acknowledgement and Authorization

#### **Student Enrollment**

I understand that I am applying to be enrolled at QSIT for the duration of the course or training program. My enrollment in QSIT courses will be dependent on my eligibility for enrollment at QSIT, and payment of tuition via self-payment, third party payment, or financial assistance (County, State or Federal training program funding).

#### **Tuition and Fees**

QSIT will assist students in applying for WIOA funding. This funding will be used toward tuition and fees. The student is responsible for all tuition and fees incurred for each term of enrollment. Eligible students may be awarded financial assistance when they meet and maintain all eligibility requirements. Not all students will be eligible to receive funding for tuition costs. Specific information about financial assistance eligibility will be provided by QSIT support staff during the admissions process. Students who enroll in the monthly payment plan will be assessed a \$5.00 monthly service fee by Wells Fargo when processing monthly tuition payments until all payments have been successfully completed.

#### **Dropping Classes or Withdrawing from the Program**

I agree to promptly notify my instructors and the QSIT designated staff member if I totally withdraw from the program or drop one or more of my QSIT courses. In addition, I will inform my instructor and Quantom Studios' designated staff member of my last date of attendance for any course that is dropped or the date I completely withdraw from the program.

#### **Information and Release**

I hereby give permission to QSIT to share information in my QSIT records for the sole purpose of helping me with academic and career preparation success, including the collection/sharing of transcripts, financial assistance information, and other student records information on an as-needed basis.

#### **Required Student and Witness Signature**

My signature certifies I have read and understand all the information on this form and that all information provided is true, complete and accurate.

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Student Signature

Date

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Witness Signature

Date