

CFT DISTANCE LEARNING REGISTRATION FORM

1 COMPLETE FORM WITH APPROPRIATE SIGNATURES FOR BILLING

2 SCAN & EMAIL TO: claguna@mdc.edu

3 Or FAX TO: 305-237-7587

The Center for Financial Training does not discriminate on the basis of race color, gender, age, and national or ethnic origin. This document may contain privileged and/or confidential information. It is intended solely for the use of CFT and will not be shared without written permission.

Student Name:	SSN# (Required):
Your Bank/Organization Title:	Department:
Organization Name:	Work #:
E-mail address :(Required) (required for confirmations)	Cell & Home #:
Bank/Organization Address: Shipping and Correspondence Preference: ___ Company Address Above or ___ Home Address:	City/State/Zip:

STUDENT SIGNATURE: _____ DATE: _____
 I certify the accuracy of all information on this application and hereby grant permission to CFT to register and withdraw me upon proper notification from the company named above. I also authorize CFT to release a copy of my final grades and/or academic record (transcript) at the end of the term to the representative of CFT and/or the company named above. I have read and agree to all of CFT's registration policies and procedures, including the withdrawal policy and the academic integrity statement as outlined in the schedule or other marketing pieces.

Registration must be received 7 days prior to start date of course. **When faxing please confirm registration has been received.** For more information, please call (305)237-3051 or visit our website at www.cftintl.org

What you need to access these courses:

A computer with optional printer An Internet Service Provider An email account

COURSE (S)	CATALOG NUMBER	DATE

YOUR EDUCATIONAL GOAL: Please indicate below which CFT Diploma and/or Certificate you intend to earn.

_____ (Please see <https://cftintl.org/diplomas-certificates-and-college-programs/> for your options)
 (DIPLOMA/CERTIFICATE)

Refunds:

Instructor-led online classes, there is a 100% refund for any cancellations or transfers made before the start of the class and upon the return of the textbook (unmarked) to CFT/ABA. Refunds will be made (less \$100 cancellation fee) if a written request is received within 10 business days from the course start date and the textbook is returned (unmarked) to CFT/ABA. You may request a transfer only once for a fee of \$100. There are no refunds for cancellations received more than 10 business days after the start of the class. No withdrawal is accepted once you have registered for any self-paced online course/seminar. Withdrawal policies vary among other programs, see individual schedule for policies.

REGISTRATION WILL NOT BE PROCESSED WITHOUT APPROPRIATE SIGNATURES

CHOOSE ONE: *Bill bank A check is enclosed M/C VISA

*Person/Signature authorizing billing _____

(By signing this form, I accept full responsibility for all monies due to SFCFT and agree to adhere to SFCFT registration policies as stated in the SFCFT program schedule and/or marketing pieces.)

This authorizes CFT to charge my Credit Card #: _____ Exp. Date: _____ CVS # _____

Name on Card/ Billing Address Signature of Cardholder Amount: \$ _____