

# Irene's Myomassology Institute

## ELECTIVE ENROLLMENT FORM

To register for elective classes, complete this form and submit it to administration. Elective registration can be done in person, by mail or fax to 248-350-8068. The school is not responsible for forms lost during fax transmission. A confirmation call to student records is suggested for all forms sent via fax.

If you have questions or would like assistance in selecting electives, please ask for help. Always consult your personal calendar to confirm your availability for class dates.

For full-time students the fee for required hours is included in their tuition payments. For part-time payment plan students, the cost of each elective must be paid upon enrollment. Non-current students require full payment upon enrollment.

If a student is unable to attend a scheduled elective, they should call the school. A student may not attend any portion of an elective without attending the first day. An administrative fee of \$10.00 is charged for cancelling a scheduled elective up to five days prior to class. A \$25.00 fee is charged for less than five-day notice of cancellation. A \$50.00 fee is charged for less than 24-hour notice of cancellation or absence.

### IF YOU WANT TO RECEIVE FORM 1098-T FOR USE ON YOUR TAXES, YOU MUST GIVE YOUR SOCIAL SECURITY NUMBER TO A STAFF MEMBER

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL# \_\_\_\_\_ HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

PLEASE CHECK ONE  Current Student  Non-Student  Past Student

STUDENTS INDICATE MONTH & YEAR YOU STARTED SCHOOL \_\_\_\_\_

NAME OF ELECTIVE CLASS	CLASS DATE	PAYMENT	# OF HOURS
<b>Total Number of Elective Hours Scheduled</b>			

Charge my Visa/MC/Discover # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ **Questions? Call (248) 350-1400**

< OFFICE USE ONLY >

Total Paid \$ \_\_\_\_\_ Date Processed \_\_\_\_\_ Initials \_\_\_\_\_