



Dear Prospective IMT student:

Thank you for your interest in the **Industrial Maintenance Program** at Luzerne County Community College. We are pleased to provide you with the information you requested.

Enclosed you will find the necessary paperwork that must be completed and returned to Continuing Education one week prior to the start of the program with full-payment. If paying by check make check payable to Luzerne County Community College, Dept. 63000.

The mailing address is: Continuing Education Office  
Luzerne County Community College  
1333 S Prospect Street  
Nanticoke PA 18634

You can also register directly on the web at [www.luzerne.edu/coned](http://www.luzerne.edu/coned), under Career Training programs.

If your employer will be paying for this course, we need the attached form filled out by your employer and submitted at the time of registration.

If you have any questions, please call (570) 740-0495 or email [fbettica@luzerne.edu](mailto:fbettica@luzerne.edu).

Sincerely

Fred Bettica  
Program Coordinator  
LCCC Continuing Education Department



Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
I am paying by: Check No. \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_ Other \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
3-Digit ID Code (found on signature strip on back of card) \_\_\_\_\_  
Signature: \_\_\_\_\_

The information for the following questions is required for state and federal statistical purposes only.  
Responses will not be used to determine admission.

Ethnicity: (Select one) \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Race (Select one or more)  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_ (If not, then please complete next four items)

1. Country of citizenship: \_\_\_\_\_
2. Permanent Resident Card #: \_\_\_\_\_
3. Foreign Student (F1 Student Visa #): \_\_\_\_\_
4. Other Visa (Please list type and #): \_\_\_\_\_

**To register with your credit card by phone or on the web:** 1-800-377-5222, Ext. 495 or 496

To FAX: 570 740-0491

To use our **secure** server, go to [www.luzerne.edu/coned](http://www.luzerne.edu/coned), click on Course Listings

Course Name	Location	Day (s)	Begin Date	End Date	Time	Tuition

**Please Note Career Training Programs: A copy of your driver's license and a copy of your High School diploma or GED are required.**

*All requests for refunds must be submitted in writing, by mail, fax, or in person. Non attendance does not constitute a withdrawal. Check the website or call the office for the current guidelines.*

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_

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## **EMPLOYER PAYMENT FORM**

**This form is to be completed by the employer who will be paying for the student. No student will be admitted into class without a completed form.**

### **TO BE FILLED OUT BY STUDENT:**

NAME OF STUDENT: \_\_\_\_\_

STUDENT'S DAY TELEPHONE #: \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_ TUITION: \_\_\_\_\_

### **TO BE FILLED OUT BY YOUR EMPLOYER:**

EMPLOYER'S CONTACT PERSON'S NAME: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER'S BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER'S CONTACT PERSONS TELEPHONE #: \_\_\_\_\_

PO NO: \_\_\_\_\_

THE \_\_\_\_\_ (COMPANY) AGREES TO PAY THE TUITION AND  
ANY FEES FOR \_\_\_\_\_ (STUDENT) TO LUZERNE COUNTY  
COMMUNITY COLLEGE, CONTINUING EDUCATION DEPT.. 1333 S PROSPECT ST. NANTICOKE PA  
18634. THE TOTAL COST TO BE BILLED IS: \_\_\_\_\_

IF FOR ANY REASON THE COMPANY IS DOES NOT PAY, THE STUDENT WILL BE BILLED THE  
ENTIRE AMOUNT.

EMPLOYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REGISTRATION IS NOT COMPLETE UNTIL WE RECEIVE THIS FORM SIGNED AND DATED**



## **Continuing Education Department Career Training Student Rules and Regulations/Student Code of Conduct**

You are expected to arrive on time, apply full efforts in learning training materials and conduct yourself in a responsible manner at all times. Any irresponsible, rude, or inappropriate behavior will be cause for dismissal from the school. The following are considered inappropriate behavior:

1. Attendance: You MUST attend the entire program. You are expected to attend and arrive to each class on time. You must call the instructor prior to the start time of the class, if you will not be in attendance that day. If you are absent from class more than 3 days, you may be terminated from the program. A doctor's note will be needed for every absent day. Eligibility to make up days missed will be at the discretion of the Program Coordinator and/or Associate Dean of Continuing Education.
2. If you have notified the instructor of your absence prior to the start time of the class and you need to make up the time to cover the total hours of the program, you may be charged a fee to cover the added expenses incurred by an instructor and/or use of equipment (i.e. Nurse Aide). Eligibility to make up days missed will be at the discretion of the Program Director with approval from the Associate Dean of Continuing Education.
3. All requests for refunds MUST be submitted in writing, by mail, fax, or in person. The date of receipt in the Continuing Education office is the date in which we will calculate the refund. Non-attendance does not constitute a withdrawal. Check the website for details of the current policy but know that if you do not notify the Continuing Education Office in writing prior to the second day of class.
4. Smoking in the school building.
5. Academic dishonesty, including but not limited to, cheating on test, plagiarism, and collusion.
6. Disruption of the orderly process of the school or interference with school teaching, activities, and functions.
7. Willful acts of misconduct that may cause damage to the school property, including equipment or that may affect the safety of state, students, or the general public.
8. Unlawful manufacture, distribution, dispensing, possession, or use of controlled substances.
9. Drinking or possession of alcoholic beverages on school grounds.
10. Unauthorized entry to or use of school property, including the failure to leave school buildings or grounds after being requested to do so by an authorized employee of the school.
11. Molestation, assault and battery, threats with bodily harm or conduct that threatens or endangers the health or safety of any person lawfully on or in the vicinity of school property or at school sponsored or supervised events.
12. Theft, concealment, defacement or damage of school property or the property of school staff or other students.
13. Illegal gambling, disorderly conduct, or lewd, indecent, or obscene conduct or expression.
14. Failure to comply with the reasonable directions of authorized school officials acting in performance of their duties, including refusing to provide identification upon request.
15. Illegal or unauthorized possession of firearms, fireworks, explosives, dangerous chemicals, or arms classified as weapons.
16. Activities that interfere with the rights of others members of the school community or with normal functions of the school.
17. Acts of harassment, written, verbal or physical that stigmatize or victimize an individual on the basis of, but not limited to, the following: Race, Ethnicity, religion, sex, sexual orientation, creed, national origin, ancestry, age, mental status, or disability.

**It is the responsibility of the student to make sure you check the Luzerne County Community College website at [www.luzerne.edu/coned](http://www.luzerne.edu/coned) or ask the coordinator for a copy of the all policies and procedures for attending LCCC Continuing Education programs.**



## Cancellation and Refund Policy

Luzerne County Community College reserves the rights to cancel, combine, or divide any programs described in this brochure. The College also reserves the right to make any revision in the curriculum, instructor, tuition and fees, location, or any other phase of activity necessary without further notice and without incurring obligations. Alterations of the schedule may be necessary due to holidays, weather conditions, school functions, or other conflicts.

Due to the structure and content of our occupational and professional continuing education courses, some programs may have deadline dates and different refund policies than those listed here. Please consult the Continuing Education Department if you have a question.

Should you have any questions as to the status of the program for which you have registered, you may contact us at 570/740-0495 or 496, or 1-800-377-5222 ext. 495 or 496.

**Withdrawals need to be submitted in writing. The date of receipt in the Continuing Education office is the date in which we will calculate the refund. Non-attendance does not constitute a withdrawal.**

### Refund Schedule:



ALL COURSES: 100% refund when the college cancels a course.



\*Career Training Courses

- 100% refund if you withdrawal from a course one week or more before the first class session.
- Fifty dollars fee (\$50) will be deducted from your tuition for withdrawal within one week of the first class session and prior to the second class session to cover registration and administrative fees.
- No refund if you withdrawal from a course after the start of the second class session.
- \*EXCEPTIONS:



On-line courses - No refund is given within 48 working hours prior to the beginning of the class and/or after receiving access to the course.



All other programs, courses and trainings offered through the department (excluding on-line courses): No refund is given for any courses after the start of the first class session. Cancellation MUST be made at least 48 working hours prior to the start of the first class.

If you paid by credit card your refund will be credited to your account within one week of the cancelled course or written withdrawal. If you paid by check or money order your refund will arrive in 4-6 weeks. Refund is made to payor of record.

Note: The word "course" refers to all tuition/fee programs offered through the department.

I have read and I understand the LCCC policy and agree to abide by it.

Student's Name (please print) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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