

# CDA TECHNICAL INSTITUTE of the WEST INDIES ENROLLMENT AGREEMENT

P.O. Box 1098, Basseterre, St. Kitts, W.I.  
Phone 869-466-1990

I desire to enroll in the Restricted Surface Supplied Air Diver course in Class # \_\_\_\_\_ which is  
scheduled to convene on \_\_\_\_\_ and which will graduate on \_\_\_\_\_.

(Month) (Day) (Year) (Month) (Day) (Year)

This is a eight (8) week course (480 Clock Hours), Monday through Friday 7:00 am to 7:00 pm.

Attached with this agreement is my non-refundable Registration Fee of \$100.00.

## TERMS AND CONDITIONS

**COST**-Restricted Surface Supplied Air Diver Program cost: Non-refundable Registration fee -\$100.00, Tuition - \$15,900.00. Estimated mandatory equipment/supplies - \$1,400.00, Open Water Diver Certification (if not already certified) - \$450.00, DCBC Physical - \$499.00.

**CREENTIALS** – Upon successful completion of the course the student will be awarded a diploma for Restricted Surface Supplied Air Diver, Restricted Surface Supplied Diver Certification from DCBC, Certifications for Non-Destructive Testing, Topside and Underwater Welding Qualifications from AWS, Scuba Open Water certification from NASE, Hazardous Materials Handling and Response (HAZWOPER), First Aid/CPR, & AED/O2 Provider and through the National Center for Construction Education and Research (NCCER) students will receive certification in Core and as a Basic Rigger, all credentials will be added to the national NCCER registry.

**SCHOOL RESPONSIBILITY** – CDA Technical Institute of the West Indies (CDAWI) agrees to make available to the applicant classroom space, all diving equipment and supplies (other than personal diving equipment required to be furnished by the student as outlined in the CDAWI catalog), diving station space, handouts, recompression chamber, and instruction in the course outline in the program designated for the period indicated. CDAWI agrees to award the appropriate diploma and certificates and to provide assistance in locating employment as outlined in the CDAWI catalog after the student meets all requirements for the course completion. CDAWI reserves the right to schedule subjects within the curriculum in the order deemed necessary and, if necessary, to change or revise class starting dates. Reasonable and appropriate substitutions in curriculum may be made by CDAWI as deemed necessary.

**STUDENT PLACEMENT** – Students are assisted with placement and furnished names and addresses of employment possibilities. CDAWI will assist the student with employment to the best of its ability, but cannot guarantee employment.

**METHOD AND TERMS OF PAYMENT** - CDAWI has two payment options available to the students attending the Restricted Surface Supplied Air Diver Program, please choose from one of the following:

1. \_\_\_ All charges are paid in full prior to the start of class using one of our approved payment methods.
2. \_\_\_ All charges are paid in two installments: 50% prior to the start of class and the remaining 50% before the first week of the second training module.

Late payment fee of \$25.00 is charged for all late payments, not exceeding \$75.00 total per term.

I have enclosed a check or utilized the attached credit card form in the amount of \$\_\_\_\_\_.

**STUDENT PERFORMANCE** – The student agrees to attend classes regularly, study diligently, and abide by the rules and regulations of CDAWI. It is understood that failure by the student to attend class regularly, study diligently, or to abide by the rules and regulations of CDAWI, as stated in its catalog, or as otherwise prescribed by CDAWI, now or in the future, verbally or in written form, may result in immediate suspension or termination at the option of CDAWI and CDAWI will not be held responsible for the remaining portion of the course of instruction. It is understood that such rules and regulations to be imposed in the future will be reasonable and proper.

**REFUNDS** - Cancellation must be made in person or by certified mail. All money will be refunded if the applicant is not accepted by the school or if the student cancels within three (3) business days after the enrollment agreement and making initial payment. Cancellation after the third (3rd) business day, but before the first day of class, will result in a refund of all money paid, with the exception of the registration fee. Cancellation after attendance has begun, but prior to 50% completion of the program, will result in a prorated refund computed on the number of hours completed to the total program hours. Cancellation after completing 50% of the program will result in no refund.

**TERMINATION DATE** - The termination date for refund computation purposes is the last date of actual attendance by the student unless earlier written notice is received. Refunds will be made within 30 days of termination or receipt of cancellation notice.

**WITHDRAWAL** – The withdrawal process is initiated in the Registrar's Office. Students who are absent from the program for one consecutive week will be automatically withdrawn from the program, and will be refunded according to the refund policy, unless prior arrangements have been made with the administration. The student may withdraw from CDAWI at anytime and the official date of withdrawal (for all purposes, including computing tuition refunds) shall be considered to have occurred on the last day of actual attendance regardless of whether any written notice is received by CDAWI.

**TRANSCRIPTS** – CDAWI is authorized to request copies of the applicant's high school, trade school and college transcripts, if applicable.

**AGREEMENT** – Both pages of the Enrollment Agreement constitutes one agreement. This agreement shall not be binding until it is accepted in writing by the school. Upon acceptance by CDA Technical Institute of the West Indies, this Enrollment Agreement becomes an agreement whereby the following terms and conditions are understood and agreed to by CDAWI and each party signing this Agreement.

**ARBITRATION AGREEMENT** - Any dispute arising from enrollment at CDAWI, no matter how described, pleaded or styled, shall be resolved by binding arbitration by a single arbitrator that is mutually acceptable to both parties, in St. Kitts. All determinations as to the scope, enforceability of this Arbitration Agreement shall be determined by the Arbitrator, and not by a court. The award rendered by the arbitrator may be entered in any court having jurisdiction.

Student's signature \_\_\_\_\_ Student's printed full name \_\_\_\_\_

### (NOTE: NO PRIOR DIVING EXPERIENCE IS REQUIRED FOR ENROLLMENT.)

1. DO YOU CONSIDER YOURSELF TO BE A GOOD SWIMMER? YES \_\_\_\_\_ NO \_\_\_\_\_
2. CAN YOU WORK WELL WITH YOUR HANDS? YES \_\_\_\_\_ NO \_\_\_\_\_
3. DO YOU POSSESS GOOD MECHANICAL ABILITY? YES \_\_\_\_\_ NO \_\_\_\_\_

**PERSONAL**

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Name in Full (Please Print) \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_

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Address (Street & Number) \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Shirt Size: SM/MED/ LG/ XL/2XL/3XL (Circle One) Shoe Size: \_\_\_\_\_ DORMS? Yes \_\_\_\_\_ No \_\_\_\_\_ Open-Water Certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended any other colleges? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Height (ft' in") \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_ Last Medical Examination \_\_\_\_\_

Country of Birth \_\_\_\_\_ Citizen of \_\_\_\_\_  
(Country)

Driver's License Number \_\_\_\_\_ State (Country) \_\_\_\_\_ Marital Status \_\_\_\_\_

Ethnicity: White (Non-Hispanic) \_\_\_\_\_ Black (Non-Hispanic) \_\_\_\_\_ American Indian \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_

Do You Have Any Physical Handicaps or Limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_ I acknowledge that I have reviewed the disqualifying factors for commercial diving as listed on the Admissions page of the website (www.cda.edu).

Name of Parent (or Legal Guardian) IF A MINOR \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

**EDUCATION AND BACKGROUND**

High School/GED \_\_\_\_\_ Attended \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name, City & State \_\_\_\_\_ From (MDY to MDY) \_\_\_\_\_

Trade School \_\_\_\_\_ Attended \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name, City & State \_\_\_\_\_ From (MDY to MDY) \_\_\_\_\_

Course Taken: \_\_\_\_\_

College: \_\_\_\_\_ Attended \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name, City & State \_\_\_\_\_ From (MDY to MDY) \_\_\_\_\_

Major Courses Taken: \_\_\_\_\_

Military Service \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Name of Service (If None, So Indicate) \_\_\_\_\_

**OCCUPATIONAL & WORK HISTORY**

Present Occupation \_\_\_\_\_ How Long? \_\_\_\_\_  
Indicate Title / Position \_\_\_\_\_

Employer \_\_\_\_\_  
Name of Company \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Employer \_\_\_\_\_  
Name of Company \_\_\_\_\_ Title / Position \_\_\_\_\_ How Long? \_\_\_\_\_

If Not Currently Employed, indicate employer of Father, Mother, or Spouse (Circle one) :

Employer \_\_\_\_\_  
Name of Company \_\_\_\_\_ Title / Position \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Acceptance of this Enrollment Agreement by CDA Technical Institute of the West Indies is at the sole discretion of CDAWI.**

**FOR THE PROTECTION OF ALL PARTIES, IT IS AGREED THAT NO AGREEMENTS OR PROMISES WERE MADE TO ME OTHER THAN THOSE SET FORTH IN THIS CONTRACT AND CDA'S CATALOG, WHICH IS AVAILABLE TO BE DOWNLOADED ON OUR WEBSITE. I CONSENT AND AGREE THAT CDA AND ITS AGENTS AND SUCCESSORS IN INTEREST MAY USE AND REPRODUCE MY NAME AND PHOTOGRAPH FOR ANY AND ALL PURPOSES IN ANY MEDIA. THIS CONTRACT, IN ADDITION TO THE CATALOG, SHALL BE THE BINDING AGREEMENT BETWEEN CDA AND THE STUDENT. IN ADDITION, I HAVE READ THIS AGREEMENT AND I WILL RECEIVE A SIGNED COPY ON THE FIRST DAY OF SCHOOL.**

SIGNATURE OF APPLICANT \_\_\_\_\_

Date \_\_\_\_\_

GUARDIAN SIGNATURE (UNDER 18) \_\_\_\_\_

Date \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

School Representative

Date \_\_\_\_\_