

American University of Complementary Medicine

REGISTRATION FORM PART 2

[Please complete Registration Forms ♦ Parts 1 & 2]

ENROLLMENT AGREEMENT

Instruction will be provided at: 415 N. Camden Dr., #214, Beverly Hills, CA. 90210
and at Crossroads School, 1714 21st St., Santa Monica, CA. 90450

Student Name _____	Soc. Sec. No. _____
--------------------	---------------------

Address _____	City _____	State _____	Zip _____	Phone _____
---------------	------------	-------------	-----------	-------------

ANY QUESTIONS A STUDENT MAY HAVE REGARDING THIS ENROLLMENT AGREEMENT THAT HAVE NOT BEEN SATISFACTORILY ANSWERED BY THE INSTITUTION MAY BE DIRECTED TO THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION AT 2535 Capitol Oaks Drive, Suite 400, SACRAMENTO, CA 95833.

www.bppe.ca.gov, toll-free telephone number (888) 370-7589, or by fax (916) 263-1897.

A STUDENT OR ANY MEMBER OF THE PUBLIC MAY FILE A COMPLAINT ABOUT THIS INSTITUTION WITH THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION BY CALLING (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau’s internet web site www.bppe.ca.gov.

An enrollment agreement shall be written in language that is easily understood. If English is not the student's primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language.

This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and (b) a catalog including a description of the course or educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain.

This agreement is for the course or educational service _____
Title and Description

A total of _____ are required to complete the course or educational service.
Clock hours, weeks, lessons

Start Date: _____ Scheduled Completion Date: _____

STUDENT’S RIGHT TO CANCEL. You have the right to cancel this enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. The institution, for all students, without penalty or obligation, shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee of one hundred dollars (\$100), if the notice of cancellation is made prior to or the first class session, or the seventh day after enrollment, whichever is later. Cancellation shall occur when you give written notice of cancellation to: Registrar, 415 N. Camden Dr., #214, Beverly Hills, CA. 90210. You can do this by mail, hand delivery, fax, or telegram. The written notice of cancellation, if sent by mail is effective when deposited in the mail properly addressed with postage prepaid. The written notice of cancellation need not take any particular form and, however expressed, it is effective if it shows that you no longer wish to be bound by this agreement.

REFUND INFORMATION. If the school cancels or discontinues a course or educational program, the school will make a full refund of all tuition for that course or course(s). Refunds will be paid within 30 days of cancellation or withdrawal. A student has the right to withdraw from school at any time and receive a refund for that part of the course not taken, for which the student paid. If a student withdraws after one (1) business day following the first day of class, the student is entitled to only a partial refund. The notice of withdrawal and the request for refund must be made in writing. The amount of that refund is to be “pro-rated” according to the incomplete portion of the course up to 60 percent, less the cost of any unreturned equipment and a registration/administration fee of \$100.00. The formula for refund calculation is as follows: The \$100 registration/administration fee is deducted from the total amount of the tuition. This amount is then divided by the number of hours in the course to obtain an hourly rate which is multiplied by the number of hours that the student actually completed, and subtracted from the amount of money paid by the student (less the administration fee). The refund is to be paid within 30 days of withdrawal. A refund notice is to be sent to the student 30 days after the refund is made. After completing 60 percent or more of the course, the student will receive no refund. The formula is as follows:

BE SURE TO READ THE OTHER SIDE OF THIS AGREEMENT. IT IS PART OF YOUR CONTRACT WITH THE SCHOOL

American University of Complementary Medicine

REGISTRATION FORM PART 2

[Please complete Registration Forms ♦ Parts 1& 2]

For example, if the student completes only 15 hours of a 45-hour course and paid \$645 tuition, a \$100.00 registration fee would be deducted from the total tuition and the remainder would be prorated, so that the student would receive a refund of \$363.34. Students obtaining a loan will be responsible to repay the full amount of the loan plus interest, less any refund.

\$645.00 - \$100.00 (Tuition minus Admin. fee) = \$545.00	
\$545.00 ÷ 45 clock hours = \$12.111/hour (Hourly Rate for instruction)	
\$12.111/hour x 15 hours = (Partial tuition owed)	\$181.66
	<u>+\$100.00</u> (admin. fee)
Prorated Amount Student Owes	\$281.66

Tuition Paid: \$645.00 minus Prorated Amount Student Owes: \$281.66 = Refund Amount: \$363.34

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

FEES AND CHARGES. The student is responsible for the following fees and charges:

Application Fee	\$ _____	Not refundable
Annual Fees	\$ _____	If applicable (Library, Student Assn., Billing Setup Fee)
Tuition	\$ _____	If applicable refund will be pro-rated upon course withdrawal Refer to refund provisions on reverse side of this Enrollment Agreement
Materials	\$ _____	If applicable (See attached itemization)
Non-refundable STRF	\$ _____	
<u>TOTAL</u>	\$ _____	

THE TOTAL AMOUNT FOR ALL FEES, CHARGES, AND SERVICES THE STUDENT IS OBLIGATED TO PAY FOR THE COURSE OR EDUCATION SERVICE IS \$ _____

Additional financing charges will be added monthly at a rate of 8.25% per annum for any balance remaining after a student becomes inactive or is no longer attending classes.

STUDENT TUITION RECOVERY FUND

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all of part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. Your total charge are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.

American University of Complementary Medicine

REGISTRATION FORM PART 2

[Please complete Registration Forms ♦ Parts 1& 2]

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency program attending certain schools regulated by the Bureau for Postsecondary Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refund or changes on behalf of a student to a third for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. There was a material failure to comply with the Act or the Division within 30-days before the school closed or, if the material failure began earlier than 30-days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act.

LOAN AGREEMENT

If a student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

If a student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

1. The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
2. The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

DISTANCE LEARNING ENROLLMENT AGREEMENT

Some of the University's programs are offered through distance learning instruction. All units/lessons will be completed and the required work will be submitted to AUCM. An institution offering a distance education program where instruction is not offered in real time shall transmit the first lesson and any materials to any student within seven days after the institution accepts the student for admission. The student shall have the right to cancel the agreement and receive a full refund pursuant to section 71750 before the first lesson and materials are received. Cancellation is effective on the date written notice of cancellation is sent. The institution shall make the refund pursuant to section 71750. If the institution sent the first lesson and materials before an effective cancellation notice was received, the institution shall make a refund within 45 days after the student's return of the materials.

1. An institution shall transmit all of the lessons and other materials to the student if the students: (A) has fully paid for the educational program; and (B) after having received the first lesson and initial materials, request in writing that all of the material be sent.
2. If an institution transmits the balance of the material as the student requests, the institution shall remain obligated to provide the other educational services it agreed to provide, such as responses to student inquiries, student and faculty interaction, and evaluation and comment on lessons submitted by the student, but shall not be obligated to pay any refund after all of the lessons and material are transmitted.

American University of Complementary Medicine

REGISTRATION FORM PART 2

[Please complete Registration Forms ♦ Parts 1 & 2]

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT THE AMERICAN UNIVERSITY OF COMPLEMENTARY MEDICINE

The Transferability of credits you earn at the American University of Complementary Medicine (AUCM) is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the (degree, diploma, or certificate) you earn at AUCM is also at the complete discretion of the institution to which you may seek to transfer. If the (credits or degree, diploma, or certificate) that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending AUCM to determine if your (credits or degree, diploma, or certificate) will transfer.”

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, salaries or wages, prior to signing this agreement. _____ (initial) I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

TOTAL CHARGES: \$ _____
STRF NONREFUNDABLE CHARGE: \$ _____
ESTIMATED TOTAL FOR ENTIRE PROGRAM: \$ _____
TOTAL CHARGE UPON ENROLLMENT: \$ _____

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution’s cancellation and refund policies have been clearly explained to me.

Signature of Student Date

This agreement is not operative until the student makes an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction.

Date of Tour or Visit Student Signature Date

I certify that American University of Complementary Medicine has met the disclosure requirements of the Bureau for Private Postsecondary Education Reform Act, effective January 1, 1998

ACKNOWLEDGED AND ACCEPTED:

Signature & Title of Institution Official Date