

Santa Barbara Body Therapy Institute

516 N Quarantina Street

Santa Barbara, CA 93103

(805) 966-5802 www.sbbti.com

(Instruction will be held at the above address)

ENROLLMENT AGREEMENT

500-HOUR MEDICAL QIGONG THERAPIST PROGRAM

(comprised of 200 hours MQG Practitioner Program and additional 300 hours Level II MQG)

Last Name	First Name	Middle Initial	DOB
Mailing Address		City	State
			Zip
Email (please print legibly)			Area code & phone

Enrollment Agreement Period: mm/dd/yyyy to mm/dd/yyyy
 Program Start Date: _____ Scheduled Completion Date: _____ Total Clock Hours: _____

TUITION: 200 Hours: Practitioner @ \$14 per hour, 270 hours: classroom/clinic @\$14 per hour, 30 hours assisting @ \$0 per hour
 (if student chooses to substitute a course instead of assisting the rate adjusts to \$14 per hour) \$ _____

NON-REFUNDABLE REGISTRATION FEE: (\$100 general, \$10 Vets) \$ _____

NON-REFUNDABLE STRF FEE: (State Law requires \$.50 for each \$1000 of institutional charges - See next page) \$ _____

TEXTBOOKS & SUPPLIES: _____ \$ _____

FEES TO TRANSFER CREDITS: # of Hours _____ x \$5 \$ _____

ASSESSMENT FEES FOR TRANSFER OF CREDITS: \$ _____

OTHER CHARGE OR FEE: _____ \$ _____

TOTAL CHARGES FOR ENTIRE EDUCATIONAL PROGRAM: \$ _____

TOTAL CHARGES DUE UPON ENROLLMENT: (min. registration fee) \$ _____ Date Paid: _____ (✓, \$, cc) \$ _____

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: Date Paid: _____ (✓, \$, cc) \$ _____

BALANCE: (Due by the first day of class) Date: _____ **OR** \$ _____

PAYMENT PLAN: Amount: \$ _____ From: period of _____ to _____ (See separate form for complete details)

YOU ARE RESPONSIBLE FOR THIS AMOUNT. THIS AGREEMENT IS BINDING WHEN SIGNED BY THE STUDENT AND/OR HIS OR HER GUARDIAN AND THE SCHOOL'S REPRESENTATIVE.

"If the 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 the student is eligible for a loan 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."

Notice: any holder of this consumer credit contract is subject to all claims and defenses that 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.

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, and salaries or wages, and the most recent three-year cohort default rate, if applicable, 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 and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed and dated the information provided in the School Performance Fact Sheet."

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.

 Student Signature / Date

 School Representative's Signature / Date

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.

Hrs	Course/ Module itemized	Start - End Dates	Days (Circle)	Times	Tuition	Aprvd
			M, T, W, TH, F, Sa, Su			
			M, T, W, TH, F, Sa, Su			
			M, T, W, TH, F, Sa, Su			
			M, T, W, TH, F, Sa, Su			

Please Note: For all students except Veterans, once 60% of the course is offered and no drop has been requested, tuition is due in full. Students whose entire tuition and fees are paid by a third party organization are not eligible for a refund. If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

STUDENT'S RIGHT TO CANCEL: You have the right to cancel this Agreement for a course of instruction including any equipment such as books, materials and supplies or any other goods related to the instruction offered in this Agreement, until midnight of the first day of the first class you attended or the seventh day after enrollment, whichever is later. (DATE) _____ Cancellation shall occur when written notice of cancellation is delivered to the address of the school shown on the reverse side, by mail, hand delivery or telegram. If notice is sent by mail, it is effective when postmarked with postage prepaid. If you cancel this Agreement by the above timeframe the School will refund any money that you paid, less registration fee and any deduction for equipment not returned in good condition, within thirty days after your Notice of Cancellation is received.

WITHDRAWAL FROM COURSE & REFUND POLICY: You have the right to withdraw from a course of instruction at any time. The institutional refund policy for students who withdraw before 60 percent of the course has been offered shall be given a pro rata refund. If you withdraw from the course after the period allowed for cancellation of the Agreement, which is until midnight of the first business day following the first class you attended, or the seventh day after enrollment, whichever is later, the School will remit a refund less a registration fee, if applicable, not to exceed \$100.00 within thirty days following your withdrawal. You are obligated to pay only the registration fee, the STRF fee, the educational services rendered at the prorated hourly rate and for unreturned equipment. **IF THE AMOUNT YOU HAVE PAID IS MORE THAN THE AMOUNT THAT YOU OWE FOR THE TIME YOU ATTENDED, THEN A REFUND WILL BE MADE WITHIN THIRTY DAYS OF WITHDRAWAL. IF THE AMOUNT THAT YOU OWE IS MORE THAN THE AMOUNT THAT YOU HAVE ALREADY PAID, THEN YOU WILL HAVE TO MAKE ARRANGEMENTS TO PAY FOR IT.**

HYPOTHETICAL REFUND EXAMPLE: Assume that a student, upon enrollment in a 400 hour course, pays the full tuition of \$2,000, \$100 for non-refundable registration and \$150 for equipment as specified in the Enrollment Agreement and withdraws after completing 100 hours without returning the equipment he/she obtained. The pro rata refund to the student would be \$1,500 based upon the above calculations. If the student returns equipment in good condition within thirty [30] days following his/her withdrawal, the School shall refund the charge for the equipment paid by the student.

STUDENT TUITION RECOVERY FUND (STRF): "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, 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 charges 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."

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

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the 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 refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before 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 this 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. However, no claim can be paid to any student without a social security number or a taxpayer identification number."

If you have any questions, complaints or problems which you cannot work out with the school and for any questions regarding the STRF, write or call the State of California Department of Consumer Affairs, Bureau for Private Postsecondary Education, 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, fax (916) 263-1897 or (888) 370-7589

CERTIFICATE OF COMPLETION: Students will receive a certificate of completion when the following conditions are met:

- 100% attendance. All absences must be made up via the following options: attend makeup class(s) within a subsequent course or clinic, arrange for a private or semi-private tutorial with Instructor (at Instructor's rate) and submit logged practicum for total missed hours per class, or submit a written paper authorized by administration and assigned by instructor when appropriate. Make-up classes are charged at 50% of current tuition cost; clinics no charge.
- Passing grade on all required written exams and bodywork evaluations within program
- Submission of required log sheet documenting class attendance, clinics, makeups coaching, community service and receiving bodywork hours
- Completion of financial agreements.

"NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION"

"The transferability of credits you earn at the Santa Barbara Body Therapy Institute is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in the Massage Technician program is also at the complete discretion of the institution to which you may seek to transfer. If the hours or certificates 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 the Santa Barbara Body Therapy Institute to determine if your credits or certificates will transfer."

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.

Student's Signature

Date

