Enrollment Form

STUDENT INFORMATION

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

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE # H:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM INFORMATION

DATE OF ADMISSION: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROGRAM/COURSE:

Master of Acupuncture & Oriental Medicine ( )

FULL-TIME: PART-TIME: DAY EVENING

Application Fee: $100
Tuition: $53,450
Registration Fee: $2,000

**Tuition**

Tuition for a class must be paid before course work begins, unless the student opts for Financing Plan described in Financial Information section. The University reserves the right to collect any unpaid financial obligations by any means necessary for any education services and/or training provided. Students may use electronic funds transfer, personal or business checks, cashier’s check or money order.

## Tuition Payment Policy

Full payment of tuition and fees is due by the registration deadline which is posted each trimester. Payments may be made in cash, check, or credit card.

A payment plan is offered to students whose tuition exceeds $2,000 per trimester. Payment can be made in 2 or 3 installments for each quarter. All monies owed for any reason must be paid in full before registering for a subsequent trimester unless other arrangements have been made with the Business Office. Please contact the Business Office for specific details.

## Tuition Refund PolicyAUHS ensures that all monies paid by a prospective student, including application fee, are refunded if the student requests a refund within three (3) business days after signing a contract.

AUHS ensures that deposits or down payments are credited as tuition payments unless clearly identified on receipt by AUHS as application or other fees.

AUHS that charges an application fee ensures that the amount ($100 maximum) is stated; it is charged only once; the applicant previously withdrew from AUHS. If a student withdraws from AUHS for any reason, the student is not liable for any unpaid portion of the application fee.

AUHS charges for fee, books and supplies which are in addition to tuition:
identifies in the catalog the specific purposes for the charges; refunds any unused portion of the fees if a student withdraws before completing fifty (50) percent of the period of enrollment except for; items that were special ordered for a particular student and cannot be used or sold to another student; items that were returned in a condition that prevents them from being used by or sold to new students; non-refundable fees for goods and/or services provided by third party vendors.

AUHS ensures that the following criteria is used to calculate refunds; the last date of attendance by the student.

AUHS ensures that; refunds are based on tuition paid for segments of the instructional program as described by the institution in the enrollment agreement, i.e., trimester, semester, but in no case more than twelve (12) months; if AUHS’ refund policy is more favorable to the student than NPEC’s, it will refund the student the greater amount; refunds are made in full to the student within forty-five (45) days of the date of withdrawal; refunds are determined based on the proration of tuition and percentage of program completed at withdrawal, up until 50% of the program.

If a student withdraws after completing 50% of the program, no refund of tuition is required; this policy only applies to full withdrawals and it is up to AUHS to determine policies for refunds for partial (course) withdrawals.

Notice to students:

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school’s principal place of business. Read both sides before signing.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
6. The school reserves the right to reschedule the program start date with the number of students scheduled is too small.
7. The school reserves the right to terminate a students’ training for unsatisfactory progress, nonpayment of tuition or failure to abide established standards of conduct.
8. The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

Student Acknowledgement:

1. I hereby acknowledge receipt of the school’s catalog, which contains information describing programs offered, and equipment/supplies provides. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

2. I have carefully read and received an exact copy of this enrollment agreement.

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate may be awarded.

4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.

CONTRACT ACCEPTANCE

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by ATLANTA UNIVERSITY OF HEALTH SCIENCES.

My signature below signifies that I have read and understand all aspects of this agreement and do recognized my legal responsibilities in regard to this contract.

Signed this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Student

REPRESENTATIVE’S CERTIFICATION:

I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the Certificate in Therapeutic Body Work or Master of Acupuncture & Oriental Medicine at the Atlanta University of Health Sciences, as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of School Official Date