

**QUAL-ED NURSING ACADEMY
ENROLLMENT AGREEMENT**

211 MARINA CENTER SUISUN CITY CA 94585 TEL: 707-389-2303 FAX: 707-389-2304 www.qual-ed.org

STUDENT INFORMATION					
Last		First		M	Student's Soc. Sec. #
Student's Address		City		State	Zip
Home Phone	Cell Phone	Date of Birth	Driver License #	Admin Rep	
PROGRAM INFORMATION					
Program Title			Total Clock Hours		
Start Date	___/___/___		Scheduled Completion Date	___/___/___	
SCHEDULE OF CHARGES					
Registration Fee	\$	100.00	This fee is the cost of registration. This fee is non-refundable.		
Book Fee	\$		This fee is refundable. (for details, see page 4)		
Equipment Fee	\$		This fee is refundable. (for details, see page 4)		
Lab supplies Fee	\$		This fee is refundable. (for details, see page 4)		
Uniform Fee	\$		This fee is refundable. (for details, see page 4)		
*Other Charges	\$		These are all other related costs. This fee is non-refundable. (for details, see page 4)		
Third-Party Charges	\$		Charges paid to an entity other than an institution that is specifically required for participation in the program This fee is non-refundable (for details, see page 4)		
*STRF assessment	\$		Student Tuition Recovery Fund. This fee is non-refundable. (see below)		
Tuition Fee	\$		Total tuition charged for the program. This fee is refundable.		
**Total Charges	\$		The total cost you will be charged for your course of study.		
Period covered by this enrollment agreement			___/___/___	___/___/___	
The student must exercise their right to cancel by			___/___/___		

* Please note that Qual-Ed Nursing Academy does not offer in-resident housing or tutoring, and there are no fees associated with the transfer of credits.

**Institution shall collect an assessment of zero cents (\$0.00) per one thousand dollars (\$1,000) of institutional charges, rounded to the nearest thousand dollars, from each student in an educational program who is a California resident or is enrolled in a residency program. For institutional charges of one thousand dollars (\$1,000) or less, the assessment is zero dollars (\$0).

**YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST, LESS THE AMOUNT OF ANY REFUND.

STUDENT TUITION RECOVERY FUND

The state of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Qual-Ed Nursing Academy is at the complete discretion of the institution to which you may seek to transfer. Acceptance of the certificate you earn in _____ is also at the complete discretion of the institution to which you may seek to transfer. If the 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 course work at the 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 Qual-Ed Nursing Academy to determine if your certificate will transfer.

STUDENT'S RIGHT TO CANCEL

There is a grace period when the student has the right to cancel the enrollment agreement and obtain a full refund of charges paid through attendance at the first class session or the seventh day after enrollment, whichever is later.

PROCEDURE TO CANCEL

Cancellation occurs when the institution receives written notice of cancellation from the student addressed to the attention of the School Director at Qual-Ed Nursing Academy 211 Marina Center Suisun City 94585 Tel: 707-389-2303 Fax 707-389-2304 info@qual-ed.org. The student can do this by mail, email, in person, or by fax. The notice, if mailed, is effective by the postmark date. This notice need not take any form; it needs only to state that the student wishes to cancel the enrollment agreement. If the student cancels the enrollment agreement, Qual-Ed Nursing Academy shall refund 100 percent of the amount paid for institutional charges, less the application fee of \$100.00 if a notice of cancellation is received by the first class session, or the seventh day after the enrollment agreement is signed, whichever is later.

REFUND POLICY

After the grace period, the institutional refund policy for students who have completed up to 60 percent or less of the course of instruction is a pro-rata refund. There is no refund for students who have completed more than 60 percent of the program. Students have a right to terminate their studies at any time and have the right to receive a refund for the part of the program they have paid for and did not receive. A withdrawal may be effectuated by the student's written notice or by the student's conduct, including, but not necessarily limited to, a student's lack of attendance.

If a student withdraws or is terminated from a program after the grace period allowed for cancellation and before completing more than 60% of the program, the school will remit a refund, less the registration fee of \$100.00, within 45 days following the withdrawal date. A student needs to pay only for educational services rendered and unreturned books or equipment.

PRO-RATA REFUND CALCULATION

- (A) Deduct a registration fee (\$100) from the total tuition charge.
- (B) Divide this figure by the number of days in the program.
- (C) The quotient is the daily charge for the program.
- (D) The amount owed by you for purposes of calculating a refund is derived by multiplying the total days attended by the daily charge for instruction.
- (E) The refund would be any amount in excess of the figure derived in (D) that was paid by you.
- (F) The refund amount shall be adjusted for equipment, if applicable.

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. 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 defaults on a federal or state loan, both 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 financial assistance until the loan is repaid.

STUDENT DISCLOSURES

(1) 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 1747 North Market Blvd., Suite 225 Sacramento, CA 95834, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.

(2) 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.

PAYMENT SCHEDULE

Payment #1 amount	\$		Due on		
Payment #2 amount	\$		Due on		
Payment #3 amount	\$		Due on		
Payment #4 amount	\$		Due on		

"NOTICE"

"YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE." "NOTICE"

DESCRIPTION OF BOOKS, EQUIPMENT, LAB SUPPLIES, AND UNIFORMS

Program Fees for	Description	Cost
Books		
Equipment		
Lab supplies		
Uniform		
Other Charges		
Third-Party Charges*		

THE TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE \$ _____

THE ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM; and \$ _____

THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT \$ _____

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.

_____ Student Initials. 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.

THIS AGREEMENT IS LEGAL AND BINDING ONLY IF SIGNED BY THE STUDENT AND ACCEPTED BY THE INSTITUTION.

All instruction will take place at 211 Marina Center Suisun City CA 94585 and the clinical site to be named _____

You have the right to cancel this enrollment agreement by ____/____/____ and receive a full refund.

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)

Signature of School Official Title of School Official (Date)