



AMERICAN SCHOOL OF MEDICINE
PO BOX 813 · NORWALK, CT 06852
203-701-9207 · 855-796-6794
www.medicine.net · registrar@americanschoolofmedicine.com

CEU ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: H) _____ C) _____ W) _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STUDENT ID #: _____

PROGRAM INFORMATION

DATE OF ADMISSION: ____/____/____

COURSE NAME: _____

PROGRAM START DATE: _____ SCHEDULED END DATE: _____

CONTINUING EDUCATION TOTAL UNITS: _____

TUITION

TOTAL COST FOR Continuing Education Unit(s) \$ _____

REFUND / CANCELLATION POLICY

- **Tuition Refund Policy**
 - ONCE A CLASS HAS STARTED IT CANNOT BE DROPPED.
 - There is no refund given for continuing education courses.

NOTICE TO STUDENT

1. Do not sign this agreement before you have read it.
2. This agreement is a legally binding instrument and is only binding 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 all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.



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STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until 5:00 pm EST of the 7th business day before the student has been admitted. Cancellation should be submitted to the authorized official of the school in writing.

STUDENT ACKNOWLEDGMENTS

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

Student Initials _____

CONTRACT ACCEPTANCE

The student acknowledges receiving a copy of this completed agreement and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood 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. The student and the school will retain a copy of this agreement. 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 American School of Medicine.

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

Signed this _____ day of _____, 20 _____

Signature of Student Date

Signature of School Official Date

PREPAYMENT REQUIRED

Check or money order enclosed. Charge fee payment to credit/debit card.

I authorize American School of Medicine to charge the tuition fee to my:

VISA MASTERCARD

Credit Card Account Number: _____ Expiration Month and Year: _____

Print name exactly as it appears on card: _____

Cardholder's Signature

Date