



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

ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

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

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STUDENT ID #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM INFORMATION

DATE OF ADMISSION: ____/____/____

COURSE NAME: _____

PROGRAM START DATE: _____ SCHEDULED END DATE: _____

FULL-TIME TOTAL CREDITS: _____

PART-TIME TOTAL CREDITS: _____

FINANCIAL AID

Financial aid is available to those who qualify. Students may opt to pay educational expenses with MasterCard, Visa, Discover, and American Express, Money Order or Check. 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 to the originator of the loan.

TUITION & FEES

NON-REFUNDABLE APPLICATION FEE: \$ _____

(Applicable to Full-time and Part-time new students)



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NON-REFUNDABLE REGISTRATION FEE: \$ _____
(Applicable to new students only)

TUITION MINUS REGISTRATION FEE: \$ _____

BOOKS & SUPPLIES: \$ Not included

MISC. EXPENSES: \$ _____

OTHER: \$ _____

Other Includes: _____

TOTAL COST FOR _____ \$ _____

REFUND / CANCELLATION POLICY

- **Rejection Policy**
 - An applicant rejected by the school is entitled to a refund for all monies paid.
- **Tuition Refund Policy**
 - Dropping a term before the first day a course starts entitles a student to a 100 percent tuition refund. Every student must maintain full-time status for each semester that he or she is enrolled.
 - ONCE A COURSE HAS STARTED IT CANNOT BE DROPPED.
 - Exceptions are made for unusual and compelling circumstances regarding refunds to the student. All drops must be processed through the Office of the Registrar; please do not negotiate directly with the professor.
 - The refund is to be paid within 45 days of withdrawal. A refund notice is to be sent to the student 30 days after the refund is made.
- Should the student's enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule:
 - **Tuition Reimbursement Scale or Schedule**
 - **Reimbursement of full tuition before course starts**
 - **Reimbursement of half of tuition paid will be disbursed after Withdrawal deadline**
- **Cancellation Policy**
 - **Three-Day Cancellation:** An applicant who provides written notice of cancellation three (3) business days before the enrollment period ends, excluding weekends and holidays, of executing the enrollment agreement is entitled to a refund of all monies paid, excluding the \$200 non-refundable registration fee.
- **Withdrawal Procedure**
 - A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Registrar's Office email of the school. The notice of



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withdrawal and the request for refund must include the expected last date of attendance and be signed and dated by the student.

- If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so.
- A student will be determined to be withdrawn from the institution if the student misses seven consecutive instructional days and all of the days are unexcused.
- All refund must be submitted within 45 days of the determination of the withdrawal date.

NOTICE TO STUDENT

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 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. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. 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 or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

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 after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within (30) days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.



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STUDENT ACKNOWLEDGMENTS

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

Student Initials _____

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

Student Initials _____

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 or credential may be awarded.

Student Initials _____

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

Student Initials _____

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

Student Initials _____

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

Student Initials _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Connecticut Department of Higher Education, 61 Woodland Street, Hartford, CT 06105 or at www.ctdhe.org.

Student Initials _____

CONTRACT ACCEPTANCE

The student acknowledges receiving a copy of this completed agreement, the school catalog, 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



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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 recognized my legal responsibilities in regard to this contract.

Signed this _____ day of _____, 20 _____

Signature of Student

Date

Signature of School Official

Date

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 Nedecine program at the American School of Nedecine, 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

Student's Signature

Date

Program Director's Signature

Date

PREPAYMENT REQUIRED

Check or money order enclosed.

Charge fee payment to credit/debit card.

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

VISA

MASTERCARD

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

Print name exactly as it appears on card: _____