

# Student Enrollment Contract Agreement

Student Name: \_\_\_\_\_

Program Esthetics/ Master Esthetics Group: \_\_\_\_\_ Year \_\_\_\_\_ Class \_\_\_\_\_

## Student Enrollment Contract Agreement

Institute of Epidermal Cell Therapy

445 N. Battlefield Blvd, Suite O

Chesapeake, VA 23230

757-818-1577 Fax 757- 410-5169

www.estheticstherapy.com

information@estheticstherapy.com



THE INSTITUTE OF

*Epidermal Cell Therapy*

Please Print Clearly

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Course (please indicate full or part time when applicable): \_\_\_\_\_

Admission Date: \_\_\_\_\_ Program Type/ Clock Hours: Esthetics 600 hours/ Master Esthetics 600 hours

Program Method Type: Online Blended/ Program Method Type: Classroom

Program Starting Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Class Schedule/Number of Weeks: \_\_\_\_\_

Days/Evenings Class Meets (circle): M T W Th F Sat Sun: Time Class Begin \_\_\_\_\_ Time class Ends: \_\_\_\_\_

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### **TOTAL COST OF THE ESTHETICS/ MASTER ESTHETICS PROGRAM**

| ITEMIZED FEES           | COST | DEPOSIT | BALANCE |
|-------------------------|------|---------|---------|
| TUITION:                | \$   |         |         |
| REGISTRATION FEE:       | \$   |         |         |
| BOOKS LEASE/PURCHASE    | \$   |         |         |
| SUPPLIES LEASE/PURCHASE | \$   |         |         |
| UNIFORMS:               | \$   |         |         |
| MISC. EXPENSES:         | \$   |         |         |
| TOTAL COST:             | \$   |         |         |

All tuition fees subject to change without notice

Payment Plan payment schedule – Weekly: \_\_\_\_ Monthly \_\_\_\_ Pay in Full: \_\_\_\_

Method of payment and amount: Credit/Debit card (4% surcharge applies) \_\_\_\_\_

Cash: \_\_\_\_\_ Money order: \_\_\_\_\_ Check: \_\_\_\_\_

#### **Rejection:**

An applicant rejected by the school is entitled to a full refund of all monies paid except the application fee, which is non-refundable.

#### **Three-Day Cancellation:**

An applicant who provides written notice of cancellation within three (3) business day, excluding weekends and holidays, of executing the enrollment agreement is entitled to a refund of all monies paid. Please refer to Refund Policy Chart below.

#### **Other Cancellations:**

An application requesting cancellation more than three (3) days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid. Please refer to Refund Policy Chart below.

#### **Withdrawal Procedure:**

A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Director of the school. The notice 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. If a student fails to return at the end of the leave of absence, and is not granted an extension or new leave of absence, the withdrawal date will be the date the student was scheduled to return from the leave of absence but failed to do so. Please refer to Refund Policy Chart below.

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 refunds must be submitted within 30 days of the determination of the withdrawal date.

**Tuition refunds will be determined as follows: Please note that the following text provides an example of the refund policy pursuant to 21.4255 of the Code of Federal Regulations (see pages 9); the school may exceed these standards and be more generous to students.**

**Registration Fee** will be refunded according to the table below, with the exception of the first \$10.00, which is nonrefundable. Laboratory fees will be refunded according to the table below. Students will only be charged for supplies, course content material, and books consumed and any fee charged for supplies not consumed will be refunded. Any books, supplies, equipment, etc., purchased by the student is the property of the student and he/she may retain or dispose of it at his/her discretion.

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All refund will be granted within 30 days of the determination of the withdrawal date.

### **Refund Policy Chart**

| Proportion of Total Program Taught by Withdrawal Date | Tuition Refund       |
|-------------------------------------------------------|----------------------|
| Withdrawal before class beginning                     | 100% of program cost |
| Withdrawal after 10% of hours completed               | 90% of program cost  |
| Withdrawal after 20% of hours completed               | 80% of program cost  |
| Withdrawal after 30% of hours completed               | 70% of program cost  |
| Withdrawal after 40% of hours completed               | 60% of program cost  |
| Withdrawal after 50% of hours completed               | 50% of program cost  |
| Withdrawal after 60% of hours completed               | 40% of program cost  |
| Withdrawal after 70% of hours completed               | 30% of program cost  |
| Withdrawal after 80% of hours completed               | 20% of program cost  |
| Withdrawal after 90% of hours completed               | 10% of program cost  |
| Withdrawal after 91% of hours completed               | No Refund            |

Non-refundable fees not included

Initial: \_\_\_\_\_ I, the student, have read the above tuition refund information.

All Institute of Epidermal Cell Therapy students may make payments at our physical location at 445 N. Battlefield Blvd. Suite O, Chesapeake VA 23230 prior to start of the student's weekly lesson. Payments may also be mailed to:

Institute of Epidermal Cell Therapy

445 North Battlefield Boulevard, Suite O

Chesapeake, Virginia 23320

Late payments are subject to a \$25.00 fee.

I, the student, agree to pay \$15.00 an hour to make up any hours missed. After 20 hours or more there will be a \$20.00 per hour fee charged. I am aware that my hours will not be released and authorization for my examination from this Institute of Epidermal Cell Therapy will not be re- leased until all fees are paid in full and all hours have been completed. Initial:

Please note any events/absences you are aware of prior to class and the dates you will not be in attendance.

Failure to comply with the rules and regulations set forth by the Institute of Epidermal Cell Therapy will be grounds for termination.

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### STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog dated, which contains Information describing programs offered and equipment/supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.  
[https://www.instituteofepidermalcelltherapy.com/downloads/IECT\\_2017CourseCatalog.pdf](https://www.instituteofepidermalcelltherapy.com/downloads/IECT_2017CourseCatalog.pdf)

\_\_\_\_\_ 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, diploma, or degree may be awarded. \_\_\_\_\_ Student initials

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

\_\_\_\_\_ **Continuing Employment as a Placement:** In addition to an employment verification, a student- signed attestation is required. No sooner than 30 days following graduation, after which a graduate communicates his/her intention to continue employment at the same company in a training-related position, the graduate must attest that he/she is satisfied with continuing employment as a \_\_\_\_\_ (*e.g. makeup artist, esthetician, master esthetician, skincare bodywork professional, waxing technician, eyelash & eyebrow professional*) and that he/she is making training-related income.

I, \_\_\_\_\_ the understand, have received a copy of this contract and hereby agree to all terms and conditions set forth.

Student Print: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Print: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTICE TO BUYER:**

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 are 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 if the number of students scheduled to start is too small.
7. The school reserves the right to terminate a student's training for unsatisfactory progress, nonpayment of tuition or failure to abide by established standards of conduct.
8. The school does not guarantee the transferability of credits to a college, university or other institution. Any decision on the comparability, appropriateness or applicability of credit and whether credits should be accepted is the decision of the receiving institution.

Compliance Comments:

[illegible]

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**CONTRACT ACCEPTANCE**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. Furthermore, I understand and agree 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 on this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Institute of Epidermal Cell Therapy.

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

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

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Signature of Student

Date

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Signature of School Official

Date

**REPRESENTATIVE'S CERTIFICATION**

I hereby certify that \_\_\_\_\_ (student) has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the \_\_\_\_\_ (program name) at Institute of Epidermal Cell Therapy, 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.

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Signature of School Official

Date