

WORKSHOP ENROLLMENT AGREEMENT

Student Name _____

Address _____

Phone number _____ Email _____

Entrance Requirements: Prepayment of course fee; proof of health insurance

Name of Workshop: _____

Clock Hours of Course: _____

Registration not accepted after first day of class.

Program Start Date: _____ **Program End Date:** _____

Tuition: \$ _____ **Materials Fee:** \$ _____ **Total Cost:** \$ _____

Method of Payment _____

Refund Policy: (as per M.G.L. Chapter. 255 Section 13 K)

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five per cent of the contract price, whichever is less. A list of such administrative costs is attached and made part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

Administrative Costs equal: \$0

A completed and signed copy of this agreement must be provided to the student. This school is licensed by the Massachusetts Department of Elementary & Secondary Education, Office of Proprietary Schools. Any comments, questions, or concerns should be directed to proprietaryschools@doe.mass.edu or 781-338-6048.

Student's Signature: _____ Date _____

School Official's Signature: _____ Date _____