

XYZ Yoga Therapy Program
1234 Bliss Drive
Sutraland, USA

Enrollment Agreement for [Program Name]

General Information

Date _____

Student Name _____

Address _____

Street City State Zip

Home Phone () _____ Work Phone () _____

Email Address _____ Social Security # _____

Note: SS # is required by law as proof of legal citizenship

Program/Course Data

All instruction is classroom lecture and experiential in format.

The XYZ Yoga Therapy Program is a _____ hour training that meets _____ full day sessions and _____ weekly sessions.

Requirements to complete the course include the following:

(Insert list of requirements to complete the program.)

Start Date _____ Completion Date _____

Tuition & Fees

Tuition [\$ XXX]

Application fee [\$ XXX]

Textbooks - per attached list - approximate cost [\$ XXX]

Note: Prices subject to change

Instructor Workbooks [\$ XXX]

Total Cost of Program [\$ XXX]

By signing below, the student agrees to pay XYZ Yoga Therapy Program the total stated tuition and fees. The school agrees to provide the occupational training in accordance with the

provisions of Catalog Volume ___ Number ___ Dated _____. Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the school have been met the school will award a Certification of Completion for the XYZ Yoga Therapy Program to the student. The student and school understand that this enrollment agreement, WHICH INCLUDES THE REFUND POLICY may not be amended except in writing signed by both parties.

Disclosure Statement

No interest charges are added to the cost of the program regardless of full cash payment or using a payment option.

Payment Agreement

The _____ is a certification training program for yoga therapy. Acknowledging an opening payment of a [\$ XXX] application fee paid on [Mo/Day/Year], I still owe [\$ XXX] tuition. I will pay this in _____ installments outlined below.

Schedule of Payments

Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____

Optionally, payments may be made by Master Card or Visa. Please complete the following:

Circle Type of Card: Master Card Visa

Name on Credit Card _____

Billing Address _____

Street _____ City _____ State _____ Zip _____

Card Number _____

Expiration Date: _____ 3-digit code: _____

Do you want your account automatically charged each month on the date indicated above? Circle one: Yes No

By initialing here _____ I authorize XYZ Yoga Therapy Program to automatically charge my card the agreed upon fees as indicated in the chart above.

Refund Policy

1. A full refund of all money paid will be made if the applicant is not accepted by the school.
2. A full refund of tuition and fees paid will be made if the applicant withdraws within three days after signing the contract or making an initial payment, provided that the applicant has NOT commenced training.
3. Students who withdraw after three business days, but before commencement of classes are entitled to a full refund of all tuition and fees paid except the cancellation fee of [\$ XXX] exclusive of manual, books, tools, and supplies purchased.
4. A full refund of tuition and fees paid in the event that the school discontinues a course or program of education during a period of time within which a student could have reasonably completed the same, except that this provision shall not apply in the event that the school ceases operation.
5. Students terminating training are entitled to the following refund, minus a cancellation charge of [\$ XXX].

A student terminating training	is entitled to a refund of unencumbered monies paid by this percentage
Within first 10% of program	90%
After 10% but within first 25% of program	75%
After 25% but within first 50% of program	50%
After 50% but within first 75% of program	25%
After 75%	No refund

When owed, a refund will be provided within 30 days of termination.

6. The official date of termination or withdrawal of a student shall be determined by one of the following criterion:
 - a. The date which the school receive notice of the student's intention to discontinue the training program.
 - b. The date in which the student violates published school policy, which provides for termination.
 - c. The date of the last recorded attendance.

The refund will be calculated based on contact hours attended.

7. Complaints that cannot be resolved by direct negotiation between the student and the school may be filed with the [insert the name of the entity]. There is a two-year limitation (from student's last date of attendance) on the [insert the name of the entity] taking action on student complaints.

8. The policy of granting of credit for previous training shall not impact the refund policy.

Postponement and/or Cancellation of Courses and Programs

Courses may be canceled if minimum enrollment is not received two weeks prior to the course date. If a course is cancelled by the school, refunds will be given in full within thirty (30) days of a canceled course. If a student cancels participation in a course, the refund will be determined by the refund policy.

Postponement of a starting date of a training program, whether at the request of the school or the student, requires a written agreement signed by the student and the school. The agreement must set forth the following:

- a) Whether the postponement is for the convenience of the school or the student, and
- b) A deadline for the new start date, beyond which the start date will not be postponed.

If the course is not commenced, or the student fails to attend by the new start date set forth in the agreement, the student will be entitled to an appropriate refund of prepaid tuition and fees within thirty (30) days of the deadline of the new start date set forth in the agreement, determined in accordance with the school's policy and all applicable laws and rules concerning [insert the name of any known applicable federal, state, or municipal law].

I HAVE RECEIVED A COPY OF THIS ENROLLMENT AGREEMENT AND A CURRENT SCHOOL CATALOG.

Student Signature Date

School's Licensed Agent Date