

LIM
INSTITUTE OF Brain Education

340 Jordan Rd. Sedona, AZ 86336

Phone: 928-203-0840 | Fax: 928-203-0870

Enrollment Agreement

Student Name _____ Student Social Security No. _____

Street Address _____

City _____ State _____ Zip _____

Telephone (h) _____ (w) _____ (c) _____

Email _____

Scheduled Start Date _____ Scheduled Completion Date _____

You are enrolling in the following program:

Title: Massage incorporating Position Therapy Total Hours: 700

Note: For the details of courses, please refer to the school catalog.

FEES

Total Program Tuition \$ 7,350

Books, Materials, Supplies \$ 450*

Application Fee \$ 75

Other Charges \$ 100 (Details: Graduation fee)

TOTAL AMOUNT \$ 7,975

***BOOKS, MATERIALS, SUPPLIES**

\$450 covers all texts and workbooks and massage creams and oils:

National Certification Board for Therapeutic Massage and Bodywork Study Guide Massage Therapy:

Principles and Practice, 3rd Ed.: Susan G. Salvo

Fundamentals of Chinese Medicine: Nigel Wiseman, Andrew Ellis Trail Guide to the Body: How to Locate Muscles,

Bones, and More (3rd Edition) by Andrew R. Biel and Robin Dorn Human Technology: by Dr. Ilchi Lee Home

Massage Therapy I, Healing Society: by Dr. Ilchi Lee Home Massage Therapy II, Healing Society: by Dr.

Ilchi Lee The Anatomy Coloring Book (3rd Edition) by Wynn Kapit/Lawrence M. Elson

Brunnstrom's Clinical Kinesiology: L. Don Lehmkuhl & Laura K. Smith

Brain Respiration: by Dr. Ilchi Lee Dahnhak: The Way to Perfect Health: by Dr. Ilchi Lee

TERMS OF PAYMENT

IBE does not currently offer grant or scholarship programs to help pay a student’s tuition, fees, books, supplies or living expenses. IBE does offer a payment plan where, tuition received from the student directly or from a third party or outside lender can be paid in two equal payments with the second payment occurring after the beginning of the second semester. No other institutional payment plan is offered. Fees, the cost of Books, Materials, Supplies, and Other Charges must be paid in full prior to beginning class. Note: For the details of disbursement policy, please refer to the school catalog.

TUITION PERIOD / — / _____ (mm/yyyy)
TOTAL AMOUNT RECEIVED AT SIGNING \$ _____
TOTAL AMOUNT REMAINING \$ Due On _____

PAYMENT METHOD (CHOOSE ONE)

CASH CHECK CREDIT CARD

Card Type: Master VISA AmEx DISCOVER Other

Credit Card #: Exp. Date: _____

I hereby authorize Institute of Brain Education to charge my credit card specified above for my tuition fee.

Holder in Due Course Statement:

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

REFUND POLICY

The student has the right to cancel the enrollment agreement and obtain a refund. You may cancel this agreement and receive a refund by providing a written notice to the School Director at the above address.

Rejection: An application rejected by the school is entitled to a refund of all monies paid.

Three Day Cancellation: An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal or state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. No later than 30 days of receiving the notice of cancellation, the school shall provide the refund.

Other Cancellation: An applicant requesting cancellation more than three days after signing an enrollment agreement and making initial payment, but prior to entering the school, is entitled to a refund of all monies paid minus the application fee of \$ 75.

Refund after the commencement of classes:

1. Procedure for withdrawal/withdrawal date:

- A. A student choosing to withdraw from the school after the commencement of classes is to provide written notice to the Register or the Director of the school. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
- B. For a student who is on authorized Leave of Absence, the withdraw date is the date the student was scheduled to return from the Leave and failed to do so.
- C. A student will be determined to be withdrawn from the institution if the student has not attended any class for 30 consecutive class days.
- D. All refunds will be issued within 30 days of the determination of the withdrawal date.

2. Tuition Charges.

Tuition charges will be determined based upon the percentage of the clock hours attempted. The percentage of the clock hours attempted is determined by dividing the total number of clock hours elapsed from the student’s start date to the last day of attendance, by the total number of clock hours in the program (less the \$75 application fee).

Tuition refunds will be issued within 30 days of the date of student notification, of date of school determination (withdrawn due to absences or other criteria as specified in the school catalog), or in the case of a student not returning from an authorized Leave of Absence (LOA), within 30 days of the date the student was scheduled to return from the LOA and did not return.

Tuition charge and refund amounts for the enrollment period are determined as follows:

- 1. Before the beginning of classes, the student is entitled to a refund of 100% of the tuition and the graduation fee minus the application fee of \$75.
- 2. After the commencement of classes, the tuition refund amount shall be determined as follows:

% of the clock hours attempted:	Tuition Refund amount:
10% or less	At least a 90% refund
More than 10% and less than or equal to 20%	At least an 80% refund
More than 20% and less than or equal to 30%	At least a 70% refund
More than 30% and less than or equal to 40%	At least a 60% refund
More than 40% and less than or equal to 50%	At least a 50% refund
More than 50%	No refund

- 3. Students can anticipate a refund of approximately \$10 per class hour.

STUDENT ACKNOWLEDGMENTS:

1. I acknowledge that I have received a copy of the school catalog dated Jan.2009 which is incorporated as a part of this Enrollment Agreement. The catalog contains information describing programs, equipment/supplies, and policies including the Student Grievance Procedure. I understand that the school will not be responsible for any statement of policy or procedure that does not appear in the school catalog. _____ Student Initials
2. I understand that job placement is not guaranteed to graduates upon completion of any of the training program, courses or upon graduation. _____ Student Initials
3. I understand that the school reserves the right to reschedule the student's program start date based upon enrollment and/or course availability which may cause a student to start mid-semester. _____ Student Initials
4. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic and financial requirement or if I disrupt the normal activities of the school. 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 may be awarded. _____ Student Initials
5. My signature below certifies that I have read, understood and agreed to my rights and responsibilities and that the institution's cancellation and refund policies have been clearly explained to me. _____ Student Initials
6. Also, I have carefully read and received an exact copy of this enrollment agreement. _____ Student Initials

This agreement is not binding until three business days after signing by both parties. The student and the school will retain a copy of this contract.

APPROVED:

(School Director's Signature) (Applicant's Signature)

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. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

By: _____ Date: _____