



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: ___ / ___ / ___

PROGRAM / COURSE NAME: Massage Therapy

DESCRIPTION OF PROGRAM / COURSE: Practice and theory of massage therapy

PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:

High School Diploma or GED

PROGRAM / COURSE OBJECTIVES: To perform professional massages and prep for MBLEx

PROGRAM INFORMATION (CONTINUED)

PROGRAM START DATE: ___

SCHEDULED END DATE: _____

FULL-TIME PART-TIME DAY EVENING DAYS/EVENINGS
CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS:

TIME CLASS ENDS: _

NUMBER OF WEEKS: _____

TOTAL CREDIT or CLOCK HOURS: _____

CONSUMER INFORMATION

The following data regarding Student Data is based on July 1 annual reporting. Illinois Institute of Massage makes a reasonable effort to collect all current and past student data in order to properly report to the consumer as well as IBHE. Student data will be kept on-site for 12 months and replaced every year of approval with IBHE.

	Previous Year	Current Year
Number of Students Admitted	9	5
Number of Students to Transfer/Re-enroll	0	0
Total Number of Students Enrolled	11	5
Number of Students to Graduate	8	3
Number of Students to Withdraw	1	2
Number of Student Currently Enrolled	2	5
Number of Students Placed in their field	2	1
Number of Students Placed in another field	0	0
Number of Students Not Available for Placement	5	2
Number of Students Unemployed	0	0
Number of Students to Attempt MBLEx	5	3
Number of Students to Pass MBLEx	3	1
Number of Students Employed Without Assistance from Institution	0	0
Average Starting Salary for Graduates	0	0

FINANCIAL AID

Illinois Institute of Massage does not offer or accept Financial Aid. All mentions of Tuition costs does not include any Financial Aid.

I, _____, a future student at Illinois Institute of Massage, understand my first date of class will begin on _____ and my classes will take place on _____ from _____ (am/pm) to _____ (am/pm).

_____ Student Initials

TUITION & FEES

NON-REFUNDABLE REGISTRATION FEE:	\$ <u>250</u>
TUITION:	\$ <u>5,000</u>
BOOKS & SUPPLIES:	\$ <u>0</u>
MISC. EXPENSES:	\$ <u>0</u>
OTHER:	\$ _____

Other Includes: _____

TOTAL COST FOR Massage Therapy PROGRAM / COURSE: \$ 5000

REFUND / CANCELLATION POLICY

Full tuition is \$5,000 and the minimum required hours to graduate is 648. This means each clock hour is valued at \$15.79. After dropout or dismissal, the Student’s total clock hours previously spent in school will be deducted from 648 giving the total hours owed in refund to the Student paid out at \$15.79 each.

• **Tuition Refund Policy**

The institution’s refund policy states that in the event a student drops out of school or is dismissed due to attendance or other reason they are entitles a prorated refund of their tuition. Full tuition is \$5,000 and the minimum required hours to graduate is 648. This means each clock hour is valued at \$15.79. After dropout or dismissal, the Student is eligible to receive a refund of the unused paid tuition.

- 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: All prepaid tuition is owed back to the student excluding hours spent in class.**
For example, if a student prepays for one-month tuition where they would have attended class 12 days but only attends one day then withdraws they would be owed a refund equal to 11 days or 88 hours times \$15.79.
 - **Cancellation/Withdrawal Policy**
Should the student cancel or withdraw from the Institution the effective date will be the date the student files for removal from the program in writing. The Institution will require the Student to turn in their withdrawal request to their Instructor or IIM President. If the Student is unable to turn in this request in person then the written request may be sent via certified mail to: 131 E Ferguson Ave, Wood River IL 62095. The written statement must include their name and reason for cancellation or withdrawal. An optional exit exam will be offered to the Student at this time. At this time the Institution will calculate the Student's clock hours versus hours prepaid within 72 business hours to generate refund amount owed. Refund checks will be submitted to the Student in a timely manner.

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 (5pm CST) of the (3rd) 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

STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or 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. **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 Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at www.ibhe.org. **Student Initials** _____

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.

Student's Signature

Date

Program Director's Signature

Date