

Student Enrollment Agreement

THIS AGREEMENT CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND AMERICAN HEALTH INSTITUTE UPON ACCEPTANCE INTO THE PROGRAM.

A DIPLOMA WILL BE ISSUE UPON SATISFACTORY COMPLETION OF THE PROGRAM

STUDENT INFORMATION:

Name: _____ FI ID# _____

Address: _____

Phone: (home) _____ (cell): _____

Program information:

Program title: _____ Credit Hours _____ clock hours: _____

Class Schedule: _____ # of Weeks _____

Starting date: _____ Anticipated completion date: _____

Method of payment:

Date registered _____

Total cost of class: _____

Fee paid: _____ (10% down, applicable to total cost, maximum of \$100.00)

Balance due 1st day of class: _____

(Cash, Visa or Master Card, Money orders and checks accepted with proper id.)

\$30 fee for returned checks.

I understand and agree to these terms. _____ (students initials)

Cancellation and Refund Policy:

Should the student cancel or be terminated for any reason, all refunds will be made according to the following refund schedule and in compliance with Florida State laws:

1. Cancellation must be made in person or by certified mail.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the Enrollment Agreement and making initial payment.
3. Cancellation after the third (3rd.) business day but before the first class will result in refund of all monies paid with the exception of the registration fee.
4. Cancellation after attendance has begun but prior to 40% completion of the program will result in a pro rated refund computed on the number of hours completed to the total program hours.
5. Cancellation after completion of 40% of the program will result in no refund.
6. Termination Date: The termination date for refund computation purposes is the last date of actual attendance by the student.
7. Refunds will be made within 30 days of termination or receipt of Cancellation Notice.
8. A student can be dismissed, at the discretion of the Director, for insufficient progress, non payment of costs, disruption of class or failure to comply with the rules.
9. Classes may be rescheduled or cancelled at the discretion of the Director. If classes are cancelled, a full refund will be issued. All registrants will be notified in advance should this occur.
10. For VA approved Students he Refund Policy would be prorated through the entire program

All prices for programs are printed herein. There are no additional carrying charges, interest charges or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time. Cost of credit is included in the price of the classes.

During the course, the school will assist each student with job placement; however, the school does not guarantee employment.

American Health Institute is not responsible for lost or stolen items. Students are urged to leave valuables at home.

Notice to Applicant: Do not sign the contract before you read or if it contains any blank spaces. You are entitled to an exact copy of the contract you sign. All Signers have read and received a copy of the Enrollment agreement and Catalog. Keep them to protect your legal rights.

Students name _____ Date _____

Parent/Guardian if student is under 18yrs of age. _____ Date _____

ACCEPTED BY:

School official _____ Date _____

Books may be purchase on the internet, used books or at Barnes and Nobles or any books store of your choice.

Other fees are as follows:

- Books approximately: _____
- Insurance: _____
- Lab Fees: _____
- Wonderlic Testing Fee: _____
- Exam fee: _____
- Required Equipment Approximately: _____