Natural Healing Institute of Naturopathy, Inc. (NHI)

2236 Encinitas Blvd., Suite E \blacklozenge Encinitas, CA 92024

Phone: (760) 943-8485 ◆ Fax: (760) 943-9477

Email: enroll@naturalhealinginst.com ♦ Website: www.nhicollege.com

RESIDENTIAL Application/Agreement for Admission

Please Print (All information will be kept confidential)

First Name:			Dat	te:		
Last Name:	Birth Date:					
Street Address:						
City:			Sta	ite:	Zip:	
Mailing						
	()					
	gency, please notify (Name of new	arest relative)		_		
Emergency			ł	Emergency		
Contact						
Educational Ex	perience: List your prior education					
	<u>Institution</u>	<u>City/St</u>	<u>ate</u>	Dates	s Attended	<u>Major/Degree</u>
Do you have a pl	hysical or learning disability?	YES	NO	(If yes, pleas	e explain)	
Have you ever be	een convicted of a felony?	YES	NO	(If yes, pleas	e explain)	

ALLAPPLICATIONS REQUIRE A PICTURE ID

VERY IMPORTANT – PLEASE ANSWER -

How did you hear about NHI?

 NHI Student - Their Full Name
 Other - please specify (i.e. person, magazine, internet)

 YES
 NO
 Would you like to receive our weekly newsletter and schedule via email? Note: There are no advertisements and we do not share our mailing list with anyone.

Bureau for Private Postsecondary Education: "Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 *Capitol Oaks Drive, Suite* 400, *Sacramento, CA* 95833 P.O. Box 980818, West Sacramento, CA 95798-0818 Telephone and Fax #'s: (888) 370-7589 or by fax (916) 263-1897 (916) 431-6959 <u>www.bppe.ca.gov</u> (CEC §94911(j) (1)(2))

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site <u>www.bppe.ca.gov</u>. (CEC §94911(j)(1)(2))

<u>PLEASE NOTE</u> – Read completely and retain a copy for your records. This application contains important

information. You should have already received a School Catalog. If not, please request one. Please review this material, it contains important school policy and procedure information that every student should be familiar with. We look forward to issuing your diploma(s)/certificate(s), transcript, and any CEU's when you complete your program(s) or class(es), when any required paperwork is complete, and *all* of your account with NHI is paid in full.

Registration (If you have questions, please contact the admissions office):

<u>Class/Program</u>	<u>Hours</u>	Start Date	End Date	Class Times

Fees due upon enrollment: There is a non-refundable \$100.00 registration fee due upon enrollment for all students wishing to attend a full program or receive school credit for any classes taken. All other students will pay \$40 per class. NOTE - upon completion of programs, one transcript is provided at no charge with the students Diploma. Transcripts requested for individual classes or in addition to the Graduate transcript are provided for a \$20 fee that must be pre-paid for each request. Diplomas are not issued for individual classes attended, only for approved programs listed in our college catalog. All Classes are held at NHI unless otherwise stated in current schedule such as herb walk.

TOTAL CURRE	NT EXPENSES:		
\$	REGISTRATION	Non-refundable – due upon enrollment (\$100.00)	
\$	STRF	\$0.00 per \$1000, for CA Residents only (see catalog for more info) Non Refundable	
\$	BOOKS &	All Books & Materials, CA Residents must add sales tax	
	MATERIALS		
\$	(SALES TAX)	<i>If applicable (add 8%) CA Residents only</i>	
\$	SHIPPING	Shipping Fees are Non-Refundable	
\$	TUITION (Paid in Full)	See Current Catalogue on website <u>www.nhicollege.com</u>	
	OR		
\$	TUITION DOWN PAYMENT	Minimum 25% down payment on Tuition	
•		PART OF TOTAL CHARGES THE STUDENT IS	
		OBLIGATED TO PAY UPON ENROLLMENT (CEC §94911(c))	
\$	ADMIN. FEE	Add 10% of balance due for pay plans (non-refundable)	
\$	DEPOSIT	TOTAL DOWN PAYMENT UPON ENROLLMENT	
\$	TOTAL DOWN	TOTAL CHARGES FOR THE CURRENT PERIOD OF	
	PAYMENT CHARGES	ATTENDANCE	
\$	TOTAL CHARGES	Estimated Total Charges for the entire Educational Program	
	FOR THE PROGRAM		
\$	BALANCE DUE	Balance (Tuition –tuition PP Deposit)	
\$	PAY PLAN ()	Balance divided by (x) months for Amount per month	
per month	months		

FINANCIAL OBLIGATION:

"I understand that this is a legally binding contract. 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.**" (CEC §94911(k)) (CEC §94911(d))

A copy of a current valid government issued photographic identification is required.

Students Signature: _____

Date:____

School Representative Signature: _____ Date: _____

"NOTICE"

"YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION. UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE." (CEC §94916)

A note, instrument, or other evidence of indebtedness relating to payment for an educational program is not enforceable by an institution unless, at the time of execution of the note, instrument, or other evidence of indebtedness, the institution held an approval to operate. (CEC §94917)

In making consumer loans to students, an institution shall also comply with the requirements of the Federal Truth in Lending Act pursuant to Title 15 of the United States Code. (CEC §94918)

PAYMENT OPTIONS (Please select ONE) - **Option 1**___: Payment *in full* 30 days in advance of the first <u>class</u> receives a 5% discount on tuition. **Option 2**___: Payment for classes less than 30 days before class starts – full tuition rate. NOTE: Please register at least five (5) *or more* business days before class begins. If your payment is received five (5) business days or less before a class or program begins, you will be charged an additional 10% of tuition as a late fee.

Option 3___: is a PAYMENT PLAN and is considered to be EXTENING CREDIT or LENDING MONEY. The down payment will consist of 25% of the tuition plus, registration, books tax on books if applicable, shipping and the admin fee which is 10% of the remaining balance. A late fee of 1.5% will be assessed for the past due amount each month. (CEC §94916), (CEC §94917), (CEC §94918)

NHI accepts: Checks, Visa, MasterCard or Discover (NOTE – There is a \$27 fee for all returned checks)

INITIAL HERE to indicate understanding of this PAYMENT PLAN agreement if applicable

<u>CALIFORNIA STATE STUDENT TUITION RECOVERY FUND (STRF) Relates To California Students Only.</u> The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by California residents who were students attending schools approved by, or recognized to offer Short-term Career Training with the Bureau for Private Postsecondary Education (Bureau) or BPPE.

You may be eligible for STRF if you are a California resident, prepaid tuition, paid the STRF fee, and suffered an economic loss as a result of any of the following:

• The school closed before the course of instruction was completed.

• The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.

• The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.

• The school's breach or anticipatory breach of the agreement for the course of instruction.

• There was a decline in the quality of the course of instruction within 30 days before the school closed, or if the decline began earlier than 30 days prior to closure, a time period of decline determined by the Bureau.

• The school committed fraud during the recruitment or enrollment or program participation of the student.

You may also be eligible for STRF if you were a student that was unable to collect a court judgment rendered against the school for violation of the Private Postsecondary and Vocational Education Reform Act of 1989. You must pay the state-imposed fee for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

• You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and

• Your total charges are not paid by any third-party such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF fee if either of the following applies:

- You are not a California resident.
- Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.

* Note, This is a California State program for California resident's further protection.

The State of California Tuition Recovery Fund (STRF) \$0.00 (zero cents) per \$1,000 tuition. You must pay the state-imposed fee which is now zero (0.00) for the Student Tuition Recovery Fund (STRF) if all of the following applies to you: 1) You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and 2) Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party. You are not eligible for protection from the STRF and you are not required to pay the STRF fee if either of the following applies: 1) You are not a California resident. 2) Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party. (5,CCR §76215(a) and 5,CCR §76215(b))

TRANSFERS - Transcripts and certificates of completion must be sent to Natural Healing Institute of Naturopathy, Inc. before transfer credits will be granted for *comparable training from another state-approved school*. Cost is \$1.00 per transfer credit hour.

JOB PLACEMENT - Natural Healing Institute does not provide job placement.

For Students Enrolled in Massage Classes:

Massage Therapist ~ requires 500 supervised hours for completion and diploma

STUDENT'S RIGHT TO CANCEL-CANCELLATION AND REFUND

Students have the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session. or the 7th day after enrollment, whichever is later. Institutions shall refund100% of the amount paid for institutional charges, less a reasonable deposit and/or application fee not to exceed Two Hundred and Fifty Dollars (\$250.00). Students may withdraw if they have completed 60% or less of the period of attendance. Refunds for the programs or classes are calculated from the last class meeting, on a pro-rata basis. In other words, if you have paid in full for a class series or program and withdraw after 25% of the class has been presented, you will receive a 75% rebate of your tuition.

Refunds are only available if 60% or less of a class has been presented. (5,CCR §71800(d))

(2) If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds. (3) Below is a description of the procedures that a student is required to follow to cancel the enrollment agreement or withdraw from the institution and obtain a refund: $(CEC \S94911(e)(1)(2)(3))$

<u>All CANCELLATIONS OR WITHDRAWAL OF ENROLLMENT OR TO RECEIVE ANY APPLICABLE REFUND MUST BE</u> IN WRITING:

You may drop off, fax, e-mail or certify mail your withdrawal to: Natural Healing Institute of Naturopathy, Inc., Director of Admissions 2236 Encinitas Blvd., Suite E, Encinitas, CA, 92024-3744 Fax: 760-943-9477, E-mail: <u>enroll@naturalhealinginst.com</u>

If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. (CEC §94911(f))

The enrollment agreement shall include a statement specifying that, if the student defaults on a federal or state loan, both the following may occur:

(1) The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.

(2) The student may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid. (CEC 94911(g)(1)(2))

"NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION"

"The transferability of credits you earn at **NHI College** is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the *Certificate/Diploma* you earn in _______ is also at the complete discretion of the institution to which you may seek to transfer. If the *Certificate/Diploma* that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending *NHI College* to determine if your *Certificate/Diploma* will transfer." (CEC §94911(h) and §94909(a)(15))

School Performance Fact Sheet information & Catalog information:

"I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet."

(1) "Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement." Code section 94909 (a)(3)(B) (CEC §94911(i)(1)(2))

"I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet."

Method of Payment: Credit Card #:	
Expiration Date:	Security Code (on back of Card - 3 digit):
Students Signature:	Date:
School Representative Signature:	Date:

Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code section 4600 et. Seq.

A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at One Capitol Mall, Suite 320, Sacramento, CA 95814, <u>www.camtc.org</u>, phone (916) 669-5336, or fax (916) 669-5337.

Release of Liability

Please complete all of the information requested on this form.

In signing below, I agree that Natural Healing Institute of Naturopathy, Inc. (NHI) and NHI College, it's owners, faculty, and staff are in no way responsible for the safekeeping of my personal belongings while I attend class. I also understand that some classes at NHI include physical activity -- such as lecture, massage, yoga, stretching, movement therapy, somatics -- and I voluntarily participate in them with full knowledge that there is risk of personal injury, property damage/loss, or any other form of injury, harm, or loss. I agree that neither I, my heirs, assigns or legal representatives will not sue, litigate, or make any claims of any kind whatsoever against NHI, it's owners, faculty, corporate officers, board members, or staff for any personal injury, property damage/loss, or any other perceived injury, harm, or loss whether caused by negligence or otherwise. Similarly, if I use any information or practice that I learned in any NHI class or program on myself or "others", I agree that neither I nor "others" will not sue, litigate, or make any claims of any kind whatsoever, faculty, corporate officers, board members, or staff for any personal injury, property damage/loss, or any other so received injury, harm, or loss whether caused by negligence or otherwise. Similarly, if I use any information or practice that I learned in any NHI class or program on myself or "others", I agree that neither I nor "others" will not sue, litigate, or make any claims of any kind whatsoever against NHI, it's owners, faculty, corporate officers, board members, or staff for any personal injury, property damage/loss, or any other perceived injury, harm, or loss whether caused by negligence or otherwise. All Classes Are held at 2236 Encinitas Blvd Suite E Encinitas, CA 92024 unless otherwise state for individual classes such as herb walk which is held outdoors. (5,CCR §71800(a))

Release of Liability :		_ Date:
-	Signature	

Print Name: