

This agreement is a legally binding instrument when signed by the student and accepted by the school. No agent, employee or representative of Abrams College is authorized to change or otherwise alter the provisions of this agreement either verbally or in writing. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given:

- a) A written statement of the refund policy including examples of how it applies and;
- b) A catalog including a description of the course or educational service including all material facts concerning the school and the program of course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement you will be given a copy of it to retain.

STUDENT’S RIGHT TO CANCEL

The student has a right to cancel this enrollment agreement and obtain a refund at the first class session or the seventh day after enrollment, whichever is later, **{DATE TO CANCEL BY: (Month/Day/Year): / /2017}** based on the refund policy. You may cancel this enrollment agreement and receive a refund by providing a written notice, via certified mail – return receipt requested to:
 ABRAMS COLLEGE 201 E RUMBLE ROAD, STE# E MODESTO, CA 95350

STUDENT INFORMATION – PLEASE PRINT CLEARLY

X		X	
STUDENT NAME		ADDRESS/CITY/STATE/ZIP	
X	X	X	X
Phone Number	Social Security Number	Date of Birth	E-mail Address

STUDENT CERTIFICATION

My signature below certifies that:

- 1) I have read, understand, and have agreed to my rights and responsibilities. The institution’s cancellation and refund policies, schedule of payments, forms of payment, late fees, and loan default policies have been clearly explained to me. I further acknowledge that I have read and understand the policies contained on all 4 pages of this form.
- 2) I understand the risks associated with taking this course and in the event I am injured, I will hold Abrams College and all of its associates harmless. I understand and assume responsibility as listed on the reverse of this form – Titled: **ACKNOWLEDGEMENT OF RISK – RELEASE OF LIABILITY.**
- 3) I acknowledge that I will abide by all rules and policies of Abrams College found within the College Handbook.
- 4) I understand that if a separate party is financing my education, that I, and I alone am directly responsible for all payments and monies owed to the school as listed on this agreement. I understand that if I obtain a loan to pay for this program I will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. I understand that if I have received federal financial aid I am entitled to a refund of any moneys not paid by the federal financial aid program. I further understand that if I default on a federal or state loan both of the following may occur:
 - 1. The federal or state government or a loan guarantee agency may take action against me, including applying any income tax refund to which I am entitled to reduce the balance owed on the loan.
 - 2. I may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

5) 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, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.	STUDENT INITIALS
6) I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, 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.	STUDENT INITIALS

- 7) 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; www.bppe.ca.gov; (888) 370-7589, (916) 431-6959, fax (916) 263-1897.
- 8) 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 or by completing a complaint form, which can be obtained on the bureau’s Internet Web site www.bppe.ca.gov.
- 9) 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.

PRINT NAME	SIGNATURE	DATE
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WITNESS CERTIFICATION

PRINT NAME	SIGNATURE	DATE
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SCHOOL CERTIFICATION

PRINT NAME	SIGNATURE	DATE
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PROGRAM INFORMATION

<input checked="" type="checkbox"/> Emergency Medical Technician	<input checked="" type="checkbox"/> 168	<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Program	Clock Hours	# of Weeks	Start Date	Scheduled completion Date	Today's Date

\$ 175.00	\$ 0.00	\$ 975.00	\$ 1,150.00	\$ 1,150.00
<u>TOTAL CHARGES STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT/REGISTRATION FEE (NON-REFUNDABLE)</u>	<u>STUDENT TUITION RECOVERY FUND (NON-REFUNDABLE)</u>	<u>TUITION (REFUNDABLE)</u>	<u>TOTAL CHARGES CURRENT PERIOD OF ATTENDANCE</u>	<u>ENTIRE EDUCATIONAL PROGRAM COST</u>

This program is taught at the campus located at 201 E. Rumble Rd. Ste: E, Modesto, CA 95350.

ADDITIONAL FEES

Student Identification: \$10.00 -Required after 1st day of instruction

Transcript Fee (per every 2 official or unofficial copies): \$25.00

Procter Fees for Exam Make-Up :

(A) Written Exam Test Make-up: \$35.00 (no make-up exams for EMT or Phlebotomy Program)

(B) Practical/Skills Exam Test Make-up: \$75.00 (no make-up exams for EMT or Phlebotomy Program)

Equipment: Black Boots, Belt and Dark Blue or Black BDU Pants required (not purchasable from Abrams College)

Lab Supplies: N/A

Textbooks: \$140.00

Uniform: \$10.00

In-Resident Housing: N/A

Tutoring: N/A

Assessment Fees for Transfer of Credits: N/A

Fees to Transfer Credits: N/A

Other Institutional Charges: \$35.00 (Study Guide)

STUDENT TUITION RECOVERY FUND

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, (916) 431-6959 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

Note: Authority cited: Sections 94803, 94877 and 94923, Education Code. Reference: Section 94923, 94924 d 94925, Education Code.

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WITNESS CERTIFICATION

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SCHOOL CERTIFICATION

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FINANCIAL INFORMATION

<p>FORMS OF PAYMENT All payments made to Abrams College must be in the form of Money Order, Certified Cashier's Check, Cash, Visa or MasterCard. Abrams College WILL NOT ACCEPT personal checks. All credit card transactions will be made in person at 201 E Rumble Road, Ste E Modesto, CA 95350.</p> <p>PAYMENT PLAN METHOD The payment plan, or loan, is a benefit for Abrams College Students. The interest rate is 0.0%. The payment amount and due dates are listed below. The plan does NOT cover books, uniform, or other materials. Please check the catalog or surrounding stores for these charges. Please note that Abrams college does not participate in any state or federal student loan programs.</p> <p>PAYMENT INFORMATION Payments are due on or before the dates listed on the reverse of this form before 4:30pm. Payments shall be made at: Abrams College 201 E Rumble Road, Ste E Modesto, CA 95350. INSTRUCTORS ARE NOT ALLOWED TO COLLECT PAYMENTS.</p>	Student Initials
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SCHEDULE OF PAYMENTS

DEPOSIT		PAYMENT #1		PAYMENT #2		PAYMENT #3		PAYMENT #4	
Date Due	Amount	Date Due	Amount	Date Due	Amount	Date Due	Amount	Date Due	Amount
	175.00		\$325.00		\$325.00		\$325.00		
PAYMENT #5		PAYMENT #6		PAYMENT #7		PAYMENT #8		PAYMENT #9	
Date Due	Amount	Date Due	Amount	Date Due	Amount	Date Due	Amount	Date Due	Amount

LATE FEES & LOAN DEFAULT – Abrams College 0.0% interest loans

<p>Payments made after 4:30pm on their due date shall be considered late. The initial late fee is \$25.00. There is a daily late fee of \$5.00 for each day late, including weekends and holidays. Should the payment be later than 2 (two) weeks, the loan will be in default and become due in full (including late fees). If the student does not pay within 7 (seven) days after default, the student will be dropped from the program and assigned to collections. Students are responsible for all fees related to collection activities. Please note that all tuition payments must be made prior to release of graduation certificates.</p>	Student Initials
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CANCELLATION/REFUND POLICY

<p>Any written contract or agreement signed by a prospective student shall not become operative until the student attends the first class or session of instruction. Refunds will be provided to students on a prorated basis per week of instruction. For example, if the student only attends 3 weeks of a 12-week program, the student is expected to pay 25% of the tuition. Any money paid above the owed amount will be refunded. <u>All deposits are non-refundable and non-transferable.</u> All books and related course materials are non-refundable. Should any class be canceled, the student will be provided with a full refund for the unused tuition amount.</p>	Student Initials
<p>All cancellations, drops, and leaves must be made in writing and sent by US Mail to Abrams College 201 E Rumble Rd., Ste E Modesto, CA 95350 Attention: Daniel Lucky. ALL CANCELLATIONS MUST BE RECEIVED BY ABRAMS COLLEGE BY US POSTAL SERVICE. WALK IN DELIVERIES WILL NOT BE ACCEPTED. The postmark will be used as the effective date of cancellation – not the date on the cancellation letter. All refunds will be paid within thirty days.</p>	Student Initials

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.

PRINT NAME	SIGNATURE	DATE
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WITNESS CERTIFICATION

PRINT NAME	SIGNATURE	DATE
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SCHOOL CERTIFICATION

PRINT NAME	SIGNATURE	DATE
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ACKNOWLEDGEMENT OF RISK – RELEASE OF LIABILITY

<p>1) HIV causes AIDS and is a disease in which impairs the immune system, which will eventually cause death of the individual who acquires HIV. The virus that causes this disease can be found in any body fluid, including blood, and may be transported from person to person.</p> <p>2) All forms of hepatitis may cause severe disability and or death to the individual who acquires any of the Hepatitis related viruses. These viruses can be found in any body fluid, including blood, and may be transported from person to person.</p> <p>3) Tuberculosis can cause severe disability and or death to the individual who acquires this disease. This disease is transported from person to person by way of respiratory (lung) secretions emitted from cough, sneeze or saliva contact.</p> <p>4) There are a multitude of other communicable diseases that can cause disability and or death that are transported from person to person in blood or other body fluids.</p>	<p>Student Initials</p>
<p>It is not required by law that any patient under the care of a licensed, certified or other provider of patient care services to release information to the healthcare provider as to the current disease status. Abrams College does not require any disclosure of any student enrolled at Abrams College to release, as a condition of enrollment, any information related to their disease status. Abrams College has not screened blood or any body fluids for any communicable diseases of any student as a condition of enrollment. Abrams College does not warrant that any patient the student comes into contact with will be free from any disease.</p>	<p>Student Initials</p>
<p>Universal precautions will be used in conjunction with appropriate standards. Gloves will be worn with all patient care related procedures (real or practice). Needle stick injuries that can cause communicable disease transmission may happen at any time throughout the training and cause injury to the participating student notwithstanding the use of appropriate universal precautions. Needles can penetrate exam gloves.</p>	<p>Student Initials</p>
<p>The student understands that performing procedures on each other related to their course of training is necessary to document acquisition of skill. They also understand that these procedures may lead to injury or death. Phlebotomy students understand that they perform blood-drawing procedures on each other to document safe and competent care and as a result of participation within the Phlebotomy course, they may be injured.</p>	<p>Student Initials</p>
<p>Should the student be injured in any way within any Abrams College course of training, for whatever reason, THEY WILL NOT hold Abrams College, et al liable for any physical, emotional, psychological or punitive damages as a result of acquired disability and or death. Should the student incur injury that leads to damage, they will not submit any claim for compensation against Abrams College, et al in any court or quasi judiciary committee within the State of California or Federal Court System. Should the student file claim against Abrams College, et al, they will acknowledge this release and stipulate to pay all fees related to litigation of any legal action or suit with respect to injury of him or herself incurred by taking this course.</p>	<p>Student Initials</p>
<p>The student understands that Abrams College does not provide for health insurance, and the student will be responsible for any and all medical bills from injury or illness that occurred within any element of the classroom, practical or internship environment. Should the student be injured during any course of instruction, they will be responsible for their own medical expenses.</p>	<p>Student Initials</p>

MESSAGE THERAPY STUDENTS ONLY

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 sections 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, www.camtc.org, phone (916) 669-5336, or fax (916) 669-5337.

A copy of a valid government issued photographic identification must be attached to this agreement.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Abrams College is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in the educational program is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution is 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 Abrams College to determine if your certificate will transfer.

<p>PRINT NAME</p>	<p>SIGNATURE</p>	<p>DATE</p>
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WITNESS CERTIFICATION

<p>PRINT NAME</p>	<p>SIGNATURE</p>	<p>DATE</p>
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SCHOOL CERTIFICATION

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