

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): / /2016} 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**

<input checked="" type="checkbox"/>	STUDENT NAME	<input checked="" type="checkbox"/>	ADDRESS/CITY/STATE/ZIP	
<input checked="" type="checkbox"/>	Phone Number	<input checked="" type="checkbox"/>	Social Security Number	<input checked="" type="checkbox"/>
			Date of Birth	<input checked="" type="checkbox"/>
			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 be have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.
- 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.
- 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.
- 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](http://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](http://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
------------	-----------	------

-----  
**WITNESS CERTIFICATION**

PRINT NAME	SIGNATURE	DATE
------------	-----------	------

**SCHOOL CERTIFICATION**

PRINT NAME	SIGNATURE	DATE
------------	-----------	------

**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 contracting an institution to which you may seek to transfer after attending Abrams College to determine if your certificate will transfer.

**PROGRAM INFORMATION**

<input checked="" type="checkbox"/> Pharmacy Technician	<input checked="" type="checkbox"/> 248	<input checked="" type="checkbox"/> 14	<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	\$ 1.00	\$ 2,275.00	\$ 2,450.00
<b>DEPOSIT/REGISTRATION FEE (NON-REFUNDABLE)</b>	<b>STUDENT TUITION RECOVERY FUND (NON-REFUNDABLE)</b>	<b>TUITION (REFUNDABLE)</b>	<b>TOTAL PROGRAM COST</b>

**ADDITIONAL FEES**

Student Identification: \$10.00 -Required after 1st day of instruction  
 Transcript Fee (per every 2 official or unofficial copies): \$25.00  
 Proctor 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)

There are no additional charges for equipment required for successful programmatic completion. Please note that additional fees inclusive of textbooks, uniforms, housing and tutoring are not covered by this enrollment agreement as the costs vary depending on where these items are purchased, the condition of these items and current changes in pricing structure based on current market values of specific items.

**STUDENT TUITION RECOVERY FUND**

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:  
 1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all of 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 assessment if either of the following applies:  
 1. You are not a California resident, or are not enrolled in a residency program, or  
 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.

The State of California created the Student Tuition Recovery Fund to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency program attending certain schools regulated by the Bureau for Private Postsecondary Education.

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

1. The school closed before the course of instruction was completed.
2. 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.
3. 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.
4. There was a material failure to comply with the Act or the Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act.

PRINT NAME	SIGNATURE	DATE
------------	-----------	------

-----  
**WITNESS CERTIFICATION**

PRINT NAME	SIGNATURE	DATE
------------	-----------	------

**SCHOOL CERTIFICATION**

PRINT NAME	SIGNATURE	DATE
------------	-----------	------

**FINANCIAL INFORMATION**

<p><b>FORMS OF PAYMENT</b>                  All payments made to Abrams College must be in the form of Money Order, Certified Cashier's Check, Cash, Visa or MasterCard.                  Abrams College <b>WILL NOT ACCEPT</b> personal checks. All credit card transactions will be made in person at 201 E Rumble Road, Ste E Modesto, CA 95350.  <b>PAYMENT PLAN METHOD</b>                  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.  <b>PAYMENT INFORMATION</b>                  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>	<p>Student Initials</p>
--	-----------------------------

**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		\$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
	\$325.00		\$325.00		\$325.00				

**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>	<p>Student Initials</p>
---	-----------------------------

**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> <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>	<p>Student Initials</p>
--	-----------------------------

**WITNESS CERTIFICATION**

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

**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, <b>THEY WILL NOT</b> 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](http://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.

<b>PRINT NAME</b>	<b>DATE</b>

**WITNESS CERTIFICATION**

<b>PRINT NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>

**SCHOOL CERTIFICATION**

<b>PRINT NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>