

AMERICAN DIALYSIS COLLEGE

Hemodialysis , Inc.
710 West Wilson Avenue
Glendale, CA 91203
(818) 500-8736

Glendale Hemodialysis Facility
1560 East Chevy Chase Drive #160
Glendale, CA 91206
(818) 240-9970

Holy Cross Renal Center
14901 Rinaldi Street, Suite 100
Mission Hills, CA 91345
(818) 365-6961

Huntington Dialysis Center
806 S. Fair Oaks Avenue
Pasadena, CA 91105
(626) 792-0548

Enrollment Agreement

Student Name (Please print)	Date Of Birth	SSN #
Street Address	City	State
	Zip	Home Phone Number
Course Title: _____	Total Hours To Complete: _____	
Class Schedule: _____	Total Weeks In Program: _____	
Start Date: _____	Schedule Completion Date: _____	

Upon successful completion of the course, you will receive a Diploma.

TOTAL FEES, CHARGES AND EXPENSES:

Registration Fee	\$ _____	The School may retain up to \$75.00 if the Agreement is not cancelled before midnight of the fifth business day following the first class attended.
Tuition Charges	\$ _____	Prorated upon withdrawal from the course. Please refer to the refund provisions on the back of this Agreement.
Equipment Charges	\$ _____	Includes all books supplies, materials, implements and equipment related to the instruction offered in this Agreement. The total amount charged for each item is
		Texts: \$ _____ Supplies: \$ _____
Student Tuition Recovery Fund	\$ _____	
<u>TOTAL CHARGES</u>	\$ _____	All amounts charged for instruction.

SCHEDULE OF PAYMENTS: Total Amount Due \$ _____ or you will make _____ monthly or weekly payments of \$ _____. Payments will begin on _____ and end on _____.

Deposit Paid \$ _____

TOTAL CHARGES \$ _____ Balance Due \$ _____

YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN PLUS ANY INTEREST.

"I UNDERSTAND THAT I AM RESPONSIBLE FOR THE TOTAL CHARGES AS OUTLINED ABOVE. I ALSO UNDERSTAND THAT EMPLOYMENT IS NOT GUARANTEED UPON THE COMPLETION OF THE PROGRAM AND ATTEST THAT THE SCHOOL OR ITS REPRESENTATIVES HAVE MADE NO CLAIM TO THAT AFFECT. I ALSO ATTEST THAT I HAVE RECEIVED AND READ THE SCHOOL'S CATALOGUE AND AGREE TO ABIDE BY THE SCHOOL'S POLICIES AND PROCEDURES AS OUTLINED IN THE CATALOGUE."

Signature of Student	Signature of Parent/Guardian (If Applicable)	Date
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Signature and Title of School Representative	Date
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THIS AGREEMENT IS LEGAL AND BINDING, WHEN SIGNED BY THE STUDENT AND THE SHOOOL REPRESENTATIVE.

IF YOU HAVE ANY COMPLAINTS, QUESTIONS OR PROBLEMS, WHICH YOU CANNOT WORK OUT WITH THE SCHOOL, WRITE OR CALL THE BUREAU FOR PRIVATE POSTSECONDARY & VOCATIONAL EDUCATION, 400 R STREET, SUITE 5000, SACRAMENTO, CA 95814-6200, (916) 445-3427.

AMERICAN DIALYSIS COLLEGE

“BUYER’S RIGHT TO CANCEL”

Notice of Cancellation

The student has the right to cancel the enrollment agreement until midnight of the fifth business day following the first scheduled class session. Cancellation will occur when the student gives written notice of cancellation to the school at the address specified in the agreement. A signed and dated notice of cancellation, if sent by mail, is effective when deposited in the mail, properly addressed with postage prepaid. The College will receive a total refund of all charges paid by the student, including the textbook costs (if returned in good condition), within 30 days after it receives the notice of cancellation.

To cancel the contract for school, mail or deliver a signed and dated copy of this cancellation notice, or any other written notice, or send a telegram to:

**Joyce Salonga
American Dialysis College
710 West Wilson Avenue
Glendale, CA 91203**

Notice of Refund

Any monies due the applicant or student will be refunded within thirty (30) days of the date of withdrawal or termination. A withdrawal is considered to have occurred if the student fails to attend scheduled classes for ten (10) consecutive school days. If a student received a loan to cover the cost of tuition, a refund will be made to the lender to reduce the student’s loan debt. If the amount of refund exceeds the unpaid balance of the loan, the remainder of the monies will be applied to any student financial aid programs from which the student received funding; any remaining balance of funds will then be returned to the student. The refund computation will be based on the last date of student attendance.

Bureau for Private Postsecondary and Vocational Education Refund Policy

The school will earn tuition on a pro-rata basis for those students enrolled in diploma programs. Refunds are based on the portion of the program not completed measured in terms of the total number of weeks in the student’s program of study. The amount paid for instruction includes tuition but does not include equipment charges or other costs incurred by the student.

Hypothetical Refund Example:

Assume that a student upon enrollment in a 400 hour course pays \$5,425.00 for tuition and \$75.00 for registration, (American Dialysis College does not loan equipment to students therefore not charging students for any equipment.) and withdraws after completing 100 hours. The pro rata refund to the student would be \$4,068.75 based on the calculation stated below.

Tuition Amount (Excluding Registration Fee)	X	Number of Clock Hours Paid For but not Received	/	Number of Clock Hours Paid For	=	Amount of Tuition to be Refunded
\$5,425.00		300		400		4,068.75

For the purpose of determining the amount you owe for the time you attended, you shall be deemed to have withdrawn from the course when any of the following occurs:

- a. You notify the school of your withdrawal or the actual date of withdrawal.
- b. The school terminates your enrollment.
- c. You fail to attend classes for a three-week period. In this case, the date of withdrawal shall be deemed to be the last date of recorded attendance.

Student Tuition Recovery Fund

A Student is not eligible for protection under and recovery from the Student Tuition Recovery Fund if he/she is not a resident of California or if the student’s costs are paid by a third party.

“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.”

Student’s Signature

Date

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

The American Dialysis College is approved to operate by the Bureau for Private Postsecondary and Vocational Education