

### Undergraduate 4 Credit Course Enrollment Agreement

I have submitted an *Application for Admission* and have been accepted to Huntington College of Health Sciences.

I have submitted an *Application for Admission*, approval pending. To accelerate the enrollment process, I am submitting an *Undergraduate Enrollment Agreement* now. I understand that if I am not eligible for admission, the full application fee will be charged to my credit card account.

Student Information				
First Name	Maiden Name	Last Name	Sex	Date of Birth (mm/dd/yy)
Street Address		Social Security Number (U.S. Citizens)		
		Country		
City	State (if you reside in the U.S.)		Province	Zip/Postal Code
E-mail Address		Day Phone		Evening Phone

### Program Information

Catalog Year: \_\_\_\_\_ Diploma/Degree Name: \_\_\_\_\_

Course # \_\_\_\_\_ Credit Hour 4 Course Name \_\_\_\_\_

### Payment Information

I want to pay my tuition in full.  My employer will pay my tuition (Reimbursement Contract required)  Military Benefits

### Tuition Payment Schedule

Enrollment Fee: \$50 Individual Course  Enrollment Fee per Diploma Program: \$100  Enrollment Fee per Associates or Bachelor Program: \$200  
 (Paid at the beginning of course/program, not applicable to subsequent courses within the same program)

### I choose the following payment plan for the Undergraduate 4 Credit Hour Course(s)

Full payment of \$796/course due at enrollment  2 Monthly payments due either the 1st or 15<sup>th</sup> of the month; 1st payment due at time of enrollment

### Truth in Lending Disclosure

A degree will not be granted until the tuition plan is paid in full. Payments for each course must be made in full prior to enrolling in a subsequent course.  
 Undergraduate Degree Program:

Course Tuition.....	\$ <u>796</u>
Enrollment Fee (one-time fee).....	\$50 Individual Course; \$100 Diploma; \$200 Degree \$ _____
Total Course Price (tuition plus enrollment fee).....	\$ _____

The cost of textbooks is not included in the quoted tuition. You may purchase textbooks from a vendor of your choice. See the Undergraduate Book List for estimated cost and textbook information.

Your payment is due the date of enrollment. Upon receipt and review of this enrollment agreement, you will receive notification of the college's acceptance or rejection of this agreement. If this agreement is accepted, the college will send you an endorsed copy.

### Method of Payment

Total Course Price \$ \_\_\_\_\_  2 Monthly Payments of \$398/Enrollment Fee applied to 1<sup>st</sup> payment if applicable

A Check or Money Order payable to Huntington College of Health Sciences in the appropriate amount is attached

Charge appropriate amount to my:  Visa  MasterCard  Discover Card  American Express

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

### **Cancellation/Refund Policy**

If Huntington College of Health Sciences is notified of cancellation within five (5) days after midnight of the day on which the enrollment agreement is accepted (excluding Saturday, Sunday, and Federal or State holidays), an applicant requesting cancellation in whatever manner (preferably in writing) within this time will be given a refund of all money paid to Huntington College of Health Sciences. This refund will be paid within thirty (30) business days of the notification.

From five (5) calendar days after midnight on the day on which the enrollment agreement is accepted and until the time the college receives the first completed lesson assignment from the student, upon cancellation, the college is entitled to an enrollment fee of \$75 or 20% of tuition, whichever amount is higher, not to exceed \$200.00.

After the college receives the first completed lesson assignment and until the student completes half of the course, if the student requests cancellation, the school shall be entitled to the enrollment fee and charge which shall not exceed the following:

- a) Up to and including 10% of the course, 10% of the refundable tuition (tuition charges remaining after subtracting the non-refundable fee already retained).
- b) Between 10% and 25% of the course, 25% of the refundable tuition.
- c) Between 25% and 50% of the course, 50% of the refundable tuition.

If the student completes more than half of the course, the college shall be entitled to retain the total course tuition.

The total course price is based on a per credit hour basis. Any courses in the program which have not been started will be entitled to a full refund. The amount per credit hour, on a program enrollment, is a pro-rata calculation of the total program cost divided by the number of credits in the program.

---

### **Terms of Agreement**

The term of this agreement is sixteen (16) weeks (1 ½ times the projected completion rate) from the date of the contract acceptance as indicated by the institutional signature and date. After the sixteen (16) week period expires, no refund of tuition or fees will be issued.

---

### **Academic Extension**

Occasionally students encounter personal challenges or difficulties while enrolled at HCHS that prevent them from completing all course requirements within a four month period. Under these circumstances, students may be granted a three month extension of time upon payment of a \$50 administrative fee. Only one extension of time will be granted. Receiving an academic extension in no way suspends any financial obligations students may have to the college.

---

### **Federal Trade Commission Cancellation Notice**

The applicant may cancel this contract and receive a full refund of all monies paid to date if cancellation is made (preferably in writing) to the Admissions Director and mailed/delivered to the institution at the address stated herein within five (5) business days after the date of signature.

---

### **Job Placement Disclaimer**

Huntington College of Health Sciences does not guarantee job placement to graduates upon program/course completion or upon graduation. The college does not provide any occupational assistance.

---

### **Contract Acceptance**

I commit to satisfactorily complete all coursework and agree to fulfill my financial responsibilities to Huntington College of Health Sciences. I also understand that if HCHS has not received any of my assignments for courses in which I am enrolled, then this contract is null and void in 16 weeks. My signature or typed name below signifies that I have read and understand all aspects of this agreement, that this agreement is based on the 2011-2012 HCHS catalog, that I have received a copy of the 2011-2012 HCHS catalog, know the length of the program for full time and part time students in the academic terms and actual calendar time (as described in the catalog), have been informed of the total tuition and fee cost of the course, have been informed of the estimated cost of books and other education materials (as described in the catalog), understand what "transferability of credits" means and the specific limitations (as described in the catalog), and received the Transferability of Credit Disclosure Statement. I have been informed that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, Parkway Towers, Suite 1900, 404 James Robertson Parkway, Nashville, TN 37243-0565, (615) 741-5293, and do recognize my legal responsibilities in regard to this contract.

\_\_\_\_\_  
Applicant (Student) Signature or Typed Name

\_\_\_\_\_  
Date

### **OFFICE USE ONLY**

**University Signature/Date:**

\_\_\_\_\_  
HCHS Official Signature

\_\_\_\_\_  
Date

Start Date: \_\_\_\_\_ End Date (16 weeks from Start Date): \_\_\_\_\_

**Plagiarism Declaration:**

This declaration must be signed, dated and submitted to the Student Services Department at Huntington College of Health Sciences prior to the submission of your first assignment from your first course.

**Declaration:**

I have read Huntington College of Health Sciences' Policy on Plagiarism, found at [www.http://www.hchs.edu/resources.htm](http://www.hchs.edu/resources.htm). I declare that all assignments that I submit in any courses taken at Huntington College of Health Sciences will be my own work, all sources will be properly acknowledged, and the assignments will contain no plagiarism (to the best of my knowledge and belief).

Student's name (print) \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_