

Allied Institute of Professional Studies (AlliedIPS)
4554 N. Broadway St. Ste: 340
Chicago, IL 60640
(773) 455-6233
(773) 455-6227
www.alliedips.org
info@alliedips.org

ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: H) _____ C) _____ W) _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STUDENT ID #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM INFORMATION

DATE OF ADMISSION: ____/____/____

PROGRAM / COURSE NAME: _____

DESCRIPTION OF PROGRAM / COURSE: _____

PREREQUISITE & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE: **NONE**

PROGRAM / COURSE OBJECTIVES: Certification in Sterile Processing Technician

PROGRAM INFORMATION (CONTINUED)

PROGRAM START DATE: _____ SCHEDULED END DATE: _____

FULL-TIME PART-TIME DAY EVENING

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____

NUMBER OF WEEKS: _____ CLOCK HOURS: _____

FINANCIAL AID

Available for those who qualify (DHS, WIA Program)

TUITION & FEES

NON-REFUNDABLE REGISTRATION FEE: \$0.00

TUITION: \$ 1,800.00

BOOKS & SUPPLIES: \$150.00

MISC. EXPENSES: \$0.00

OTHER: \$125.00

Other Includes: Board Certification Exam

TOTAL COST FOR STERILE PROCESSING COURSE: \$2,075.00

REFUND / CANCELLATION POLICY

Cancellation and Refund Policy for Training Programs:

1. The school must refund all money paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.
2. The school must refund all money paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to ten percent of the total tuition cost, or **one hundred and fifty (150.00) dollars**, whichever is less, if the applicant cancels after the fifth business day after signing the contract or making an initial payment. A "registration fee" is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

Withdrawal Date

The withdrawal date used to determine when the student is no longer enrolled at AlliedIPS is the date indicated in written communication by the student to the Registrar's office. If a student does not submit written notification, the school will determine the student's withdrawal date based upon federal and institutional records.

NOTICE TO STUDENT

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

STUDENT’S RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until mid night of the 3 business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time **and receive a refund on all monies paid to date within 30 days of cancellation excluding 10% or (\$150.00)** see page 2. Cancellation should be submitted to the authorized official of the school in writing.

**Students who make full tuition payment before or on class start date see refund plan/policy.

Students who pay on installments; **Pay-As-You-Go** plan (pay per weekly class attended)

Refund policy for withdrawal or cancelation process, and percentage for <u>pay-as-you-go</u> students					
Class duration	weekly payments	week 1 % refund	week 2 % refund	week3 % refund	week 4-10
10 weeks	\$180 x10=\$1,800	100	80	50	0
8 weeks class	\$225 x 8 = \$1,800	100	75	40	0
6 weeks class	\$300 X 6 =\$1,800	100	50	30	0
4 weeks class	\$450 X 4 =\$1,800	100	40	0	0

NOTE: This course uses only one textbook with 10 chapters. Each class average 2 chapters per class. Students cover at least 6 chapters in their 3rd class, that is **60% or more course coverage**.

If the student completes this amount of training:	The school may keep this percentage of the tuition cost:
One week or up to 10%, whichever is less	10%
More than one week or 10% whichever is less but less than 25%	25%
25% through 50%	50%
More than 50%	100%

STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

Student Initials _____

2. I have carefully read and received an exact copy of this enrollment agreement.

Student Initials _____

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

Student Initials _____

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

Student Initials _____

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

Student Initials _____

6. I understand that the school does not guarantee job placement to graduates upon program completion.

Student Initials _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 431 East Adams Street, 2nd Floor, Springfield, IL 62701 or at www.ibhe.org.

Student Initials _____

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

Student's Signature

Date

Program Director's Signature

Date