

[10012] **ENROLLMENT AGREEMENT** (California BPPE Page 1)

School's Name: SAN LUIS OBISPO BEAUTY COLLEGE	Address where instruction will be provided 285 SOUTH STREET. SAN LUIS OBISPO, CA. 93401
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Student Name	Social Security No.
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Student Street Address:	City:	State: CA	Zip Code:
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- COSMETOLOGY COURSE** (1600 Clock Hours) (D.O. T, # 332.271-010 CIP #120401)
- BARBER COURSE:** (1500 Clock Hours) (D. O. T, # 332.271-010 CIP # 120402)
- MANICURIST** (400 Clock Hours) (D.O.T, # 332.271-010 CIP # 120410)

Course description: Each course of study is designed to assist the student's capability to pass the California State Barbering and Cosmetology Department licensing examination. Passing the state exam is a requirement in order to obtain a license. A state license is a requirement to work/operate in the State of California.

Graduation Requirements: When a student has completed the required theory hours and practical operations in Cosmetology, Barber o Manicurist with "C" (70%) or better and taken and passed 10 final tests with 70% or better and has paid all debt in full to the institution.

The student shall receive a graduation diploma and proof of training documentation certifying his/her graduation.

Enrollment:	Cr/Clock Hrs. in Course	Transferred Hours	Hours Enrolled	Cancellation Date
	Start Date	Expected End Date	Instructional Weeks #	On-time Graduation Date: (See Note)

Note: On time Graduation date includes a grace period of 10 additional calendar days to complete the course. Additional training time beyond this date will cost the student \$ 10.00 per hour needed. These charges would not be covered by Title IV Financial aid. Initials ✓

The period covered by this Enrollment Agreement is from _____ to _____.

Enrollment Status: Full time ¾ time 1/2 time Less than 1/2 time Part time **DAYS** EVENINGS

Class Schedule:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours per Week
Daily Hours	N/A	830-5	830-5	830-5	830-5	830-5	830-5	40

Itemized Charges By Payment Period	1st Payment Period	2nd Payment Period	3rd Payment Period	4th Payment Period	Total Charges for Entire Course
Tuition					
Registration Fee (Non-Refundable)					
Kit & Textbook (Non-Refundable)					
Other Charges (Non-Refundable)					
STRF (Non-Refundable)					

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE. \$ _____
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM \$ _____
TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT. \$ _____

Estimated Payments:	1st Payment Period	2nd Payment Period	3rd Payment Period	4th Payment Period	Total
Cash					
Other (_____)					
Total Estimated Payments					

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** ✓ _____

I certify that I have received the catalog, the 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** ✓ _____

“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”.
If I accept a student loan I will be responsible to repay the full amount of the loan plus interest, less any amount of any refund.

Student Signature: ✓	Guarantor's Signature:	Institutional Representative Signature:
Printed Name:	Printed Name:	Printed Name and Title:
Date:	Date:	Date:

This enrollment agreement is a legally binding document when signed by the student and accepted by the institution.

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, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.

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 toll free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov.

Student Tuition Recovery Fund (STRF):

As of January 1, 2015 the STRF Fee per \$1,000.00 Tuition is \$0.00; before this date is \$ 0.00 per \$1,000.00 Tuition.

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 amounts 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 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 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 to which the bureau determined there was significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered by the Bureau 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 programs 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 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 who's loan is revived by a loan holder or debt collector after a period of non-collection 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 taxpayer identification number.

Refunds: If any refunds are due based on the institutional refund policy calculation, any refunds will be made as soon as possible but not later than **45 days** from the determination of withdrawal date.

Course Cancellation: If a course is cancelled subsequent to a student's enrollment and before instruction in the course has begun, the school shall at its option: 1) Provide a full refund of all money paid; or 2) Provide for completion of the course at schools in the neighborhood.

School Closure: If the school closes subsequent to a student's enrollment and before instruction in the course has begun, the school shall at its option: 1) Provide a full refund of all money paid; or 2) Provide for completion of the course at schools in the neighborhood.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION: The transferability of credits you earn at **SAN LUIS OBISPO BEAUTY COLLEGE** is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the **diploma** you earn in the **BARBER PROGRAM**, is also at the complete discretion of the institution to which you may seek to transfer. If the **diploma** that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at the institution you are transferring. 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 **SAN LUIS OBISPO BEAUTY COLLEGE** to determine if your **diploma** will transfer.

***If institution offers more than one educational program, only the program in which the student is enrolling must be listed.**

Note: Academic transcripts will not be released until tuition charges are paid in full.

Placement: This school does not guarantee placement. However, limited job placement assistance by providing referrals to graduates is available.

ANY DISPUTE ARISING FROM ENROLLMENT AT SAN LUIS OBISPO BEAUTY COLLEGE, NO MATTER HOW PLEADED OR STYLED, SHALL BE RESOLVED BY BINDING ARBITRATION UNDER THE FEDERAL ARBITRATION ACT CONDUCTED BY THE AMERICAN ARBITRATION ASSOCIATION ("AAA"), AT SAN LUIS OBISPO, CA., UNDER ITS COMMERCIAL RULES. THE AWARD RENDERED BY THE ARBITRATOR MAY BE ENTERED IN ANY COURT HAVING JURISDICTION. 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 THEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR THEREUNDER.

Student understandings: I understand this agreement is not operative until I attend the first class or session of instruction. This requirement is not applicable to correspondence or other distance learning programs. I further understand that the catalog and its contents are a part of this enrollment agreement and that information presented therein is binding on the school and me.

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.

I have read and understood this agreement which consists of 3 pages.

Student's Signature ✓ _____

Date _____