



Enrollment Agreement (January 1, 2019 – December 31, 2019)

THIS ENROLLMENT AGREEMENT IS REQUIRED BY THE STATE OF CALIFORNIA

Name: _____
(Last) (First) (Middle)

Date of Birth: Month: _____ Day: _____ Year: _____

Address: _____

Email: _____

Telephone: _____

Emergency Contact: _____
(name) (telephone) (email)

I will attend classes at the following school:

- CISL San Diego, 636 Broadway, Suite 210, San Diego, CA 92101
- CISL San Francisco 605 Market Street, Suite 1400, San Francisco, CA 94105

Program Information:

Program Name: _____

Hours/week: _____

Enrollment Agreement Period:

Start Date: _____ Completion Date: _____

Program: Start Date: _____ Scheduled Completion Date: _____

NOTICE CONCERNING TRANSFERABILITY OF CREDIT AND CREDENTIALS EARNED AT OUR INSTITUTION:

The transferability of credit you earn at CISL is at the complete discretion of an institution to which you may seek to transfer. Acceptance of a CISL Certificate of Completion or Certificate of Attendance that you earn _____ (insert Program Name) is also at the complete discretion of the institution to which you may seek to transfer. If the Certificate of Completion or Certificate of Attendance 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 contacting an institution to which you may seek to transfer after attending CISL to determine if your Certificate of Completion or Certificate of Attendance will transfer.

BPPE

CISL is a private institution and is approved to operate by the California Bureau for Private Postsecondary Education (BPPE). Any question a student may have regarding the school brochure/catalog or this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the BPPE at the following addresses:

Mailing Address:

Bureau for Private Postsecondary Education, P.O. Box 980818, West Sacramento, CA 95798- 0818,

Phone: (916) 431-6959 Toll Free: (888) 370-7589 Website: www.bppe.ca.gov

E-mail: bppe@dca.ca.gov

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 website www.bppe.ca.gov

TITLE IV POLICY / NO STUDENT LOANS

CISL students are not eligible for Title IV funding. CISL does not offer student loans or financial aid. If you get a student loan, you are responsible for repaying the loan plus interest, less the amount of any refund.

If you default on a federal or state loan both the following may occur (1) The federal or state government or a loan guarantee agency may take action against you, including applying any income tax refund to which you may be entitled to reduce the balance owed on the loan. (2) You may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

If you have received federal student financial aid funds, you are entitled to a refund of moneys not paid from federal student financial aid program funds.

STATE OF CALIFORNIA STUDENT TUITION RECOVERY FUND

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 the amount 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 a result of any of the following:

I. 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 a 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 as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered 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 program as 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 you 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 the 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 whose 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 a taxpayer identification number.

Note: Authority cited: Sections 94803, 94877 and 94923, Education Code. Reference: Section 94923, 94924 and 94925, Education Code.

STUDENT'S RIGHT TO CANCEL / REFUND POLICY

You have the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. A student wishing to cancel or withdraw from the school and receive a refund should send their notice of cancellation or withdrawal to the school's address or by email to the School Director.

1. If you cancel your course prior to the first day of class, you will receive a full refund of all tuition charges minus your \$135 registration fee or any other non-refundable fees (e.g. SEVIS, express mail).
2. If you cancel your course after the start date of your classes, you will obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later.

3. If you cancel your course after the first four weeks and you stop your classes before you have completed 60% of your course, you will receive a refund for the unused portion of the tuition. A \$250 cancellation fee will apply.
4. All tuition refund calculations are based upon minimum units of one week. This means that a refund is only effective as of the first Monday of the period you are cancelling. Here is an example: If you tell the school on a Wednesday that you want to cancel your course immediately, the cancellation will only be effective as of the next Monday.
5. In the case of private lessons, one week prior notice is required to cancel your lessons. Here is an example: If you tell the school on a Tuesday that you want to cancel your private lessons, the cancellation will only be effective as of the following Tuesday and you will be charged for all of your scheduled private lessons from the day that you cancel (Tuesday) until the day that your cancellation becomes effective (the next Tuesday).
6. If the school cancels or discontinues a course, the school will make a full refund of all tuition you have paid for that course.
7. If you change your course after it begins, there will be a \$250 change fee. This does not include additions or extensions.

All refunds will be made within 45 days of a student's cancellation or withdrawal request. We can only pay refunds to the person or company from whom the funds originated.

The school does not participate in the State of California Student Tuition Recovery Fund.

QUESTIONS

Any question you 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.bbppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897

COMPLAINTS

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.bbppe.ca.gov.

ACKNOWLEDGEMENTS

Prior to signing this enrollment agreement, you must be given a Catalog 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.

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.

_____ Student Initials Date: _____

PROGRAM COSTS:

- \$ _____ Tuition
- \$ _____ Registration Fee (non-refundable)
- \$ _____ California Student Tuition Recovery Fund Fee (non-refundable)
(calculated at \$.00 per \$1000)
- \$ _____ Other Charges for _____
- \$ _____ TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE
- \$ _____ ESTIMATED TOTAL CHARGES FOR THE ENTIRE PROGRAM
- \$ _____ TOTAL CHARGES YOU ARE REQUIRED TO PAY ON ENROLLMENT

You have the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session (first day of classes), or the seventh day after enrollment (seven days from the date when enrollment agreement was signed), whichever is later.

The last date for cancellation is : ____/____/____ (MM/DD/YY)
This enrollment agreement is a legally binding contract when signed by the student and accepted by the school.

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.

Signature of Student Date

Parent/Legal Guardian (applicants under 18) Date

Signature and Title of School Official Accepting Enrollment Date