



The Laser and Medical Aesthetic Academy at ACWH, 1943 S. Burnside Ave. Gonzales, LA 70737

Name: _____ Date: _____

Street Address: _____

Date of Birth: _____ Phone # _____ High School Completion Y / N _____

Name of Course: Cosmetic Laser Technician and Medical Aesthetic Certification

In consideration of my acceptance as a student for the Laser and Medical Aesthetic Program as of the above date, I hereby enroll and obligate myself to pay The Laser and Medical Aesthetic Academy

\$ 7,500.00 (Seven Thousand Five Hundred DOLLARS), to be paid as follows:

\$ 500.00 (non-refundable) upon the signing of this enrollment agreement and the balance of \$ 7,000.00 to be paid as follows: within 60 days of the program start date.

Three Business Day Cancellations: All monies paid by a student shall be refunded if requested within three business days after signing enrollment agreement and making an initial payment.

Cancellation After Three Business Days, But Before Commencement of Classes: If tuition or fees are collected in advance of entrance, and if the student does not begin classes, all tuition less a \$500 registration fee, shall be refunded. All refunds to the student shall be made within 30 days of the start of the class.

Withdrawal After Commencement of Classes:

1. After a student has completed less than 15% of the program, we shall refund 80% of the tuition, less a \$500 deposit, thereafter.
2. After a student has completed less than 25% of the program, we shall refund 70% of the tuition, less a \$500 deposit, thereafter.
3. After a student has completed 25%, but less than 50% of the program, we shall refund 45% of the tuition, less a \$500 deposit, thereafter.
4. After a student has completed 50% of the program or more, we may retain 100% of the tuition.

I certify that I have received a copy of the school catalog which contains program outline, schedule of tuition & fees, the refund policy, regulations pertaining to the rules of operation and conduct, grading policy, as well as general information. I further certify that I have received and read a copy of this Enrollment Agreement and understand it is subject to representation only as expressed herein. I agree to comply with these policies during my period of enrollment in.

Charges: _____ Commencement of Classes Date: January 12th 2024

Deposit: \$500.00 _____ May 10th 2024

Tuition: \$7,000.00 _____ August 2nd 2024

Student Signature: _____ Date: _____

Solicitor Signature: _____ Date: _____

School Administration: _____ Date: _____

Student complaints relative to actions of school officials shall be addressed to the Louisiana Board of Regents, Proprietary Schools Section, 1943 S. Burnside Ave, Gonzales, LA 70737, Phone 225-647-2292, only after the student has unsuccessfully attempted to resolve the matter with the school, and after having first filed a written and signed complaint with the school's officials.