**Enrollment Agreement**

National College of Phlebotomy

3131 N. Mason

Chicago, IL 60634

Tel (773)-906-5200 Fax (773)-906-5200

Email: info@nationalcollegeofphlebotmym.com

Website: nationalcollegeofphlebotomy.com

**STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/ STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: H) \_\_\_\_\_\_\_\_\_\_\_ C) \_\_\_\_\_\_\_\_\_\_\_\_\_ W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ASSRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION**

DATE OF ADMISSION: \_\_\_\_\_/ \_\_\_\_\_ /\_\_\_\_\_\_

PROGRAM/ COURSE NAME: **Phlebotomy Technician Program**

DESCRIPTION OF PROGRAM/ COURSE: Phlebotomy Technician course gives the student an overview of anatomy, physiology and basic infection control, along with basic phlebotomy theory which will prepare the student for advanced phlebotomy techniques.

**ADMISSION Requirement**: TO The Phlebotomy Technician Program

**High School Diploma or GED (or official Transcript) Applicant/ Student must be at least 18 years old. I.D (Photo I.D), Social Security Card You can pay full up front or payment plan option available with down payment plus registration fee.**

PROGRAM / COURSE OBJECTIVES: The Phlebotomy Technician Program prepares the student to become reliable individual in wide variety of duties.

**PROGRAM INFORMATON (continued)**

PROGREAM START DATE: \_\_\_\_\_\_\_\_\_\_ SCHEDULED END Date \_\_\_\_\_\_

FULL-TIME \_\_\_\_ PART-TIME X DAY\_\_\_ EVENING X

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

TIME CLASS BEGINS: 6:00 pm TIME CLASS ENDS: 9:00 pm

NUMBER OF WEEKS: **24** TOTAL CREDIT or CLOCK HOURS: **72**

CREDENTIAL AWARDED: Certificate of Completion

**CONSUMER INFORMATION**

**All schools are required to make available at a minimum, the following disclosure information clearly and conspicuously on their 1) internet website, 2) school catalog, and 3) as an addendum to their Enrollment Agreement:**

* The number of students who were admitted in the program as of July 1 of that reporting period. Answer 6
* The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school. Answer 9
* The total number of students admitted in the program during the 12-month reporting period. Answer 15
* The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled. Answer 0
* The number of students enrolled in the program who were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed. Answer 4
* The number of students who took a state licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed. Answer 14
* The number of graduates who obtained employment in the field who did not use the school’s placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates). Answer 1
* The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates). Answer 17.00 HR

National College of Phlebotomy has no financial aid programs are available

**TUITION & FEES**

NON-REFUNDABLE REGISTRATION FEE: $ 75.00

TUITION: $1,923

BOOKS $ 80.00

MISC EXPENSES & URIFORM $192.00

TOTAL TUITION $2,195

ADJUSTMENT: $ 400.00 down payment + 75.00 None -refundable registration fee Total is 475.00 Payment Balance $1,720

Tuition must be paid off in the next 5 months each payment is due on 30th of each months\_$\_344.00

**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 the 12.00 am of the 5-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 of all their monies paid to date within 5 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing. The Managing Director: National College of Phlebotomy, 3131 N. Mason Chicago, IL 60634

**REFUND/ CANELLATION POLICY:**

All student refunds will be made according to the following policies:

1. All registration fees, tuition, and any other charge shall be refunded to the student when notice of cancellation is given before midnight of the fifth business day after the date of enrollment but prior to the first day of class.
2. The school will retain only the registration fee when notice of cancellation is given after midnight of the fifth business day following acceptance but prior to the close of business on the student’s first day of class attendance, which may not exceed $ 150 or 50% of the cost of tuition, whichever is less.
3. When notice of cancellation is given after the student’s completion of the first day of class attendance, but prior to the student’s completion of the first day of class attendance, but an amount not to exceed 10% of the tuition and other instructional charges or $300, whichever is less, and, subject to the limitations of item 13 of this section, the cost of any books or materials which have been provided by the school.
4. When a student has completed classes in excess of 5% of the course of instruction, the school will retain the registration fee but shall refund a part of the tuition and other instruction, charges in accordance with following:

* School will retain an amount computed pro-rated by days in class plus 10% of tuition and other instructional charges up to completion of 60% of the course of instruction, the school will retain the registration fee and the entire tuition and other charges.

1. A student, who on personal initiative and without solicitation enrolls, starts, and completes a course of instruction before midnight of the fifth business day after enrollment agreement is signed, is not subject to the cancellation provision of this section.
2. Applicants not accepted by the school shall receive a refund of all tuition and fees paid within 30 calendar days of when the determination of non-acceptance was made.
3. Registration fees of $75.00 shall be chargeable at initial enrollment and shall not exceed $150 or 50% of the cost of tuition, whichever is less.
4. Deposits or down payment shall become part of the tuition.
5. The school shall mail a written acknowledgement of a student’s cancellation or written withdrawal to the student within 15 calendar days of the postmark date of notification. Such written acknowledgement is not necessary if a refund has been mailed to the student within the 15calendar days.
6. All student refunds shall be made by the school within 30 calendar days from the date off receipt of the student’s cancellation. The refunds are made directly to the source of payment.
7. A student may give notice of cancellation to the school in writing. The unexplained absence of a student from a school for more than 15 school days shall constitute constructive notice of cancellation to the school. For purposes of cancellation, the date shall be the last day attendance.
8. A school shall refund all monies paid to it in any of the following circumstances:

* The school did not provide the prospective student with a copy of the student’s valid enrollment agreement and a current catalog or bulletin.
* The school fails to conduct classes on days or times scheduled, detrimentally affecting the student.
* The school fails to conduct classed on days or times scheduled, detrimentally affecting the student.

1. A school must refund any book and materials fees when:
2. The book and materials are returned to the school unmarked, and
3. The student has provided the school with a notice of cancellation.
4. The above refund policy is applicable to all the students enrolled in the school.

**STUDENT ACKNOWLEDGMENTS**

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

**Student Initials \_\_\_\_\_\_\_**

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

**Student Initials \_\_\_\_\_\_\_**

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

**Student Initials \_\_\_\_\_\_\_**

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

**Student Initials \_\_\_\_\_\_\_**

1. I understand that the school doses do 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, National College of Phlebotomy must provide me copies of transfer agreements that name the exact institution(s) and agreement details and limitations.

**Student Initials \_\_\_\_\_\_\_**

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

**Student Initials \_\_\_\_\_\_\_**

1. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance with its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, Il 62701

**Student Initials \_\_\_\_\_\_\_**

1. I understand that until all payments are made to the school, the school will withhold my certificate and my license.

**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 term and condition, and agrees to the conditions outlined in this contract. It is further understood that agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the 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