



FOURTH DIMENSION

T E C H N O L O G I E S TM

TRAINING FOR A BRIGHTER FUTURE

ENROLLMENT AGREEMENT (CLOCK HOUR PROGRAMS)

Address, 815 Superior Ave Suite 1618 Cleveland, Ohio Zip Code 44114 Phone 1-770-800-1853

Student: _____ **Date:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Phone Number: _____ **S.S.N:** _____

I am hereby enrolling in the following academic program and my enrollment is subject to the terms

and conditions stated in this enrollment agreement.

Program Name: _____ **Start Date:** _____

Program length: 475 Clock Hours. Program length Per Term: 237.5 This program is normally completed in 26 calendar weeks. 13 weeks Per Term.

Tuition and Fees Per Term:

Payment:

Registration Fee.....\$50.00

All tuition and fees are payable for one

BOOK Fee..... \$720.75

quarter, semester, or school term

Laboratory Fee.....\$720.75

Payment is due prior to the start of classes each term.

TUITION.....\$7,945.50

Total Cost..... \$9437.00

Total projected cost of program at current tuition and fee rates: \$18,874.00

Tuition and fee charges are subject to change at the school's discretion. Any tuition or fee increases will become effective for the school term following student notification of the increase.

Cancellation and Settlement policy.

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic classes.

Refund Policy

if the student is not accepted into the training program, all monies paid by the student shall be refunded.

Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative

Code section 3332-1-10.1. There is one (1) academic term for this program that is 200 clock hours in

length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as

established by Ohio Administrative Code section 3332-1-10:



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(1) A student who withdraws before the first class and after the 5-day cancellation period shall be

obligated for the registration fee.

(2) A student who starts class and withdraws before the academic term is 15% completed will be

obligated for 25% of the tuition and refundable fees plus the registration fee.

(3) A student who starts class and withdraws after the academic term is 15% but before the academic

term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration

fee.

(4) A student who starts class and withdraws after the academic term is 25% complete but before the

academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the

registration fee.

(5) A student who starts class and withdraws after the academic term is 40% completed will not be

entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to

determine that a student has withdrawn or has been terminated from a program. Refunds shall be based

upon the last date of a student's attendance or participation in an academic school activity.

Complaint or Grievance Procedure

All student complaints should be first directed to the school personnel involved. If no resolution is

forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the

problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges and Schools, 30 East

Broad Street, Suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219.

| acknowledge that I have received a school catalog and agree with the school policies and procedures

stated. | acknowledge that | have received and read a copy of this enrollment agreement.

Applicant signature: Date: _____

Parent or Guardian (if applicable): Date: _____

School representative: Date: _____

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Version 1

Fourth Dimension Technologies, Inc.

