

CALIFORNIA COLLEGE OF NATURAL MEDICINE

Address where instruction is provided: **107 Figueroa, Ventura, CA 93001**, Mailing Address: **1237 South Victoria #169, Oxnard, CA 93035**

Phone: **(800) 421-5027**, Fax: **(928) 496-2050**, www.cconm.com, info@traditionalnaturopathy.com

Student Enrollment Agreement

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

Student Name: _____

Address: _____

Telephone: _____ Email: _____

Program Title: _____ Hours: _____

Program start date: _____ Scheduled completion date: _____

Period Covered by Enrollment Agreement: _____ Months

Date by Which Student Must Cancel Enrollment Agreement: ____/____/____

You are enrolling in the program listed below. This enrollment agreement is active until the program is completed.

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, and 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, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and 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.

Notice for Distance and Online Education Programs

These trainings are designed for self-study. You are given course outlines and education curriculum online to read and study in conjunction with the reading material that is recommended for your enrolled program. The reading material is NOT included in the Tuition. Should you have a question, call our office or email your question.

Upon acceptance into the training, you will be issued a password and student identification number by email so you may access the class. California College of Natural Medicine's website is located at www.cconm.com. Login and enter your secure information.

Student Initials _____

The school will transmit your first lesson and other materials to you within seven days after your admission. CCNM will transmit all of the lessons and other materials to you if (A) you have fully paid for the educational program; AND (B) if after having received the first lesson and initial materials, you request in writing that all materials be sent.

The student shall have the right to cancel the enrollment agreement and receive a full refund before the first lesson and materials are received. Cancellation is effective on the date written notice of cancellation is sent. CCNM shall make the refund pursuant to section 71750 of the Regulations. If CCNM sent the first lesson and the materials before an effective cancellation notice was received, CCNM shall issue a refund within 45 days after the student's return of the materials.

If CCNM transmits the balance of the materials per your request, this institution shall remain obligated to provide other educational services it agreed to provide, such as responses to student inquiries, student and faculty interaction, and evaluation and comment on lessons submitted by you. CCNM shall not be obligated to pay any refund after all of the lessons and materials have been transmitted.

Student Initials _____. I understand that if there is a partial tuition payment, I will only be able to access the online classes that I have paid for. When full payment for tuition is received, ALL classes will be available to the student.

Cancellation is effective on the dated written notice of cancellation sent. CCNM shall make the refund. If the institution delivered the first lesson and materials before an effective cancellation notice was received, the institution shall refund 100% of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed two hundred fifty (\$250) dollars.

Important Notices Concerning Loans

If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

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

Student's Right to Cancel

You have the right to cancel and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. Cancellation shall occur when you give written notice of cancellation and to CCNM. You may submit a cancellation notice by mail to: CCNM, 1237 South Victoria, #169, Oxnard, CA 93035 or hand delivery. The written cancellation, if sent by mail, is effective when deposited in the mail properly addressed with postage paid.

If a student has received federal student aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds. If the student defaults 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 the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
2. The student may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

The written notice of cancellation need not take any particular form and, however expressed, is effective if it shows that you no longer wish to be bound by this agreement.

If the school has given you or loaned any equipment, including books or other materials, you shall return them to the school within thirty days following the date of your notice of cancellation.

Student Initials _____

Student Tuition Recovery Fund Disclosure

When applicable, you must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. 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 either by cash, guaranteed student loans, or personal loans, and
2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party. You are eligible for protection from the STRF and you are not required to pay the STRF assessment if either of the following applies:
 - a. You are not a California resident, or are not enrolled in a residency program, or
 - b. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency program attending certain schools regulated by the Bureau for Private Postsecondary Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of the tuition and other costs.
4. There was a material failure to comply with the Act or the Division within 30-days before the school closed or, if the material failure began earlier than 30-days prior to closure, the period determined by the BPPE.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act.

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 located at www.bppe.ca.gov.

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 Capital Oaks Drive, Suite 400, Sacramento, CA 95833, or PO Box 980818, West Sacramento, CA 95798-0818, bppe.ca.gov, Phone: 888-370-7589 or 916-431-6959 or by Fax 916-263-1897.

Notice Concerning Transferability of Credits and Credentials Earned At CCNM

The transferability of credits you earn at the California College of Natural Medicine is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the diploma you earn in any of the programs 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 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 the 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 the California College of Natural Medicine to determine if your diploma will transfer.

Student Initials _____

Financing may be available depending on the cost of the training and your credit report. Equipment as outlined in the school catalog may also be financed depending upon the student's credit report. Equipment as outlined in the school catalog may also be financed depending upon the student's credit report. Not all programs are eligible for financing. Please initial here if interested in financing _____. Financing would be made under separate agreement with the financing company.

Institutional Charges

Tuition	\$ _____
Registration Fee (Non-Refundable)	\$ <u>250.00</u>
STRF (Non-Refundable)	\$ <u>0</u>
Equipment	\$ <u>NA</u>
Textbooks	\$ <u>NA</u>
Total	\$ _____

Payment Method

We accept MasterCard, Visa, check or money order payments, and finance programs. If by check, please make out to CCNM and mail to 1237 South Victoria, #169, Oxnard, CA 93035

Visa/MasterCard _____ Exp. Date _____ Code _____

We require a hard copy of this enrollment form, initialed and signed. All payments will be made payable and mailed to the address listed above.

Student Initials _____. I understand that I will not graduate or receive a certificate of completion until all fees due to CCNM are paid in full.

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 ENROLLEMET \$ _____

I understand that this is a legally binding contract, my signature below certified 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 choose to enroll & agree to the terms

Student and/or Guardian's Signature

Date: _____

Printed Name

For Office Use Only: The school has met disclosure requirements as required by code and regulations.

Date Signed

CCNM Official Signature
Theresa Dale, PhD, CCN, NP

Student Initials _____