



PROGRAM ENROLLMENT AGREEMENT

Last Name: _____ First Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

The acceptance and fulfillment of the general terms of this agreement entitle me to the Naturopathic Institute program as outlined in the current college catalog.

I hereby contract with the Naturopathic Institute for a program of instruction in the following (please check only one):

_____ Holistic Doula Practitioner Diploma
_____ Holistic Doula Practitioner Certificate

Referred to NITE by:

Tuition

Holistic Doula Practitioner Diploma Program

\$2,595 per program, discounted to \$2,400 if paid in full prior to program start date. Payment plan: \$7800 down, \$259.28 per month for 7 consecutive months.

Holistic Doula Practitioner Certificate Program

\$1,295 per series of three classes, discounted to \$1,200, if paid in full before classes start.

Fees Include:

For all diploma students, tuition includes classes for the year, all books and class materials, graduation cap and gown, and participation in a graduation ceremony and dinner.

Cancellation/Withdrawal/Refund Policy

The tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An application fee of not more than \$25.00 may be retained by the school if the application is denied. All tuition and fees paid by the applicant shall be refunded if requested within 3 business days after signing a contract with the school. All refunds shall be returned within 30 days. **After the three-day period has expired, all tuition is non-refundable.** If a student cannot attend a scheduled diploma class, a written notice must be given 14 days prior to the class date. If the notice is not received in time, an additional \$100 retake fee is required to attend the class, the next time it is available. Tuition will be held for three years from date of registration and is subject to increases.

Important Additional Information

1. I understand that all expenses incurred while traveling to and from school/training location and expenses for food and lodging while in training shall be borne by me.
2. I understand that the school reserves that right to change the opening and closing dates of its classes, hours of instruction, equipment, faculty, tuition rates, and fees. However, there will be no price changes for students enrolled under the terms of the contract signed during the 13 months for which they have enrolled. A new contract will be signed by both the students and the school if any changes are made to their current contract.
3. I, the student, hereby release, hold harmless, and indemnify the Naturopathic Institute of Therapies and Education, its agents and representatives from and against all liabilities, damages, and other expenses which may be imposed upon, incurred by, or asserted against it or them, by reason of bodily injury or property damage which I may suffer, from any cause, while a student in the training program of the school.

4. In the event of labor disputes or acts of God, (i.e., fire, flood, hurricane, tornado, etc.), or government mandate, the school reserves the right to suspend training at the resident site(s) affected.
5. The school reserves the right to cancel an enrollment if student does not achieve the academic requirement established by the school for the program.
6. The school reserves the right to set class schedules according to student enrollments and equipment availability.
7. The school reserves the right to enact and provide notice of rules and regulations governing the conduct of students while attending the school. Violation of these rules and regulations will constitute grounds for dismissal.
8. I acknowledge the reading, agreement and receipt of the school's current catalog.
9. The invalidity or unenforceability of any particular provision of this agreement shall be construed in all respects as if such invalid or unenforceable provisions were committed.
10. I understand that it is not possible for the Naturopathic Institute of Therapies and Education to guarantee employment. The school assists graduates by making their names and qualifications available to companies that, upon request, have contacted the school.
11. I understand there will be portions of both the class work and the directed studies that will require giving and receiving bodywork under supervision for instruction purposes. I am willing and able to perform all the physical aspects as well as receive bodywork that is required in those courses. I understand that no fees will be charged by the students and no fees will be paid to the school for body work performed during class instruction.

Disclosure Statement

It is important that applicants keep a copy of any contract or application to document their enrollment, tuition, receipts or canceled checks to verify the total amount of tuition paid, and records which show the percentage of the program which has been completed. This information can be obtained by a request in writing to the Administration Office. I hereby acknowledge receiving a completely filled in copy of this agreement and a current student publication catalog, which I have retained for my records. I also acknowledge that no verbal promises or statements contrary to the terms of this agreement have been made, and I certify that the aforementioned statements of the Naturopathic Institute representative are true and correct. I understand that this contract is legal and binding once it has been signed and dated by the Naturopathic Institute of Therapies and Education's school representative.

I understand the aforementioned statements and agree to abide by them. I understand both the college catalog and the Enrollment Agreement and agree to the Institute Policies of Conduct and refunds. I hereby apply for enrollment.

Student Signature

Date

School Representative

Date

In order to complete the enrollment process, please include a copy of your photo identification; a copy of your high school diploma, GED transcript, or equivalent; completed Emergency Contact Form; and payment in the amount required.

Amount: \$ _____

Method of Payment: _____ cash / _____ check / _____ money order / _____ credit card / payment plan: Y / N

Card #: _____

Expiration Date: _____ Security Code: _____

Card Holder: _____ Signature: _____

Address: _____ Phone Number: _____