**STUDENTS ENROLLMENT AGREEMENT**

 **HEALTHCARE GLOBAL INSTITUTE**

**20501 Katy Freeway Suite 219A Katy Texas 77450.**

**Phone Number 832-612-0401, Fax Nmuber 281-697-6542**

#### Student Information

* Student Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Gender: [ ] Male [ ] Female
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last 4 of the social security number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Contact Information

* Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Educational Background.

|  |  |  |
| --- | --- | --- |
| **Previous School** | **Grade Completed** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |

#### Course Enrollment

* Desired Course of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Length of Course \_\_\_\_\_\_\_\_\_\_\_\_\_ Hours of the course \_\_\_\_\_\_\_\_\_\_\_
* Date the course is to begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Expected date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Tuition Fees: \_\_\_\_\_\_\_\_\_\_\_\_
* Installment ( ) Total full payment ( )

Initial deposit: $\_\_\_\_\_\_\_\_\_\_ 2nd deposit: $\_\_\_\_\_\_\_\_\_\_ 3rd/final deposit: $\_\_\_\_\_\_

* Method of payment: Money order ( ), Cashier check: ( ), Cash: ( )

#### Health Information

* Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CANCELLATION **POLICY**

Healthcare Global Institute will refund any student who cancels the enrollment contract within 72 hours until midnight of the third day excluding Saturdays, Sundays, and legal holidays after the enrollment contract is signed, or within the student’s first three scheduled class days.

 REFUND POLICY

At the end of the expiration of the 72-hour cancellation not more than $100 in nonrefundable administrative fees shall be retained by the school. Refunds shall also be based on computation, scheduled course time of classes through the date of attendance. Leaves of absence, school holidays, and suspensions shall not be counted. The minimum refund of the remaining tuition and fees will be the pro rata portion of tuition, fees, and other charges that the number of hours remaining in the portion of the course for which the student has been charged after the effective date of termination bears to the total number of hours in the portion of the course or program for which the student has been charged, except that a student may not collect a refund if the student has completed 75 percent or more of the total number of hours in the portion of the program for which the student has been charged on the effective date of termination.

 **ENROLLMENT AGREEMENT**

I have received a copy of this enrollment agreement and school catalog.

#### Signature

* Student's Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff: I have provided a copy of the enrollment agreement and the current catalog to the above students.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_