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|  **MASTER BARBERING ACADEMY LLC, 406 3Rd. st. Long Beach Ca. 90802** |

This **Enrollment Agreement** is made on \_\_\_\_\_\_\_\_ and is between **MASTER BARBERING ACADEMY LLC** and \_\_(Student),  **THIS AGREEMENT WILL TERMINATE IN 2 YEARS FROM THE DATE SIGNED.** Social Security Number \_\_\_\_ for the **BARBER COURSE** (1000 Clock Hours) beginning \_\_\_\_\_ ending \_\_\_\_\_\_\_provided at the Institution under the terms specified in this agreement/contract. This agreement is legally binding upon the signing of this agreement by the student and acceptance by the institution. **The BARBER COURSE** of study is designed to assist the student’s capability to pass the California State Board of Barbering and Cosmetology licensing examination. Passing the exam is a requisite in order to obtain a Barber License. The license is a requirement to operate as a Barber in the State of California. Students will be **INVOICED MONTHLY** for, and **MUS**T **ATTEND A** **MINIMUM** of **12** hours per wk. or a minimum or **3** hours per day. School days are MON- THUR. Program start date \_\_\_\_\_\_\_\_Scheduled completion date \_\_\_\_\_\_\_, Successful graduates of the course will receive a **Certificate of Completion.**

**Fees are payable prior to the beginning of class unless other arrangements are made.**

**ITEMIZATION & TOTAL TUITION AND FEES**

\*REGISTRATION FEE: $150.00 **\*Non-refundable**

\*APP Fee: $ 50.00 **\* Non-refundable**

TUITION FEE: $ 10,000.00 **\*$10 PER HR**. LOANER KIT FEE: \***0-350HRS** N/A\_\_

Textbooks/Learning Media: $ 450.00 \***NON REFUNDABLE ONCE ASSIGNED** Tools **\*350-1000HRS(NON REFUNDABLE ONCE ORDERED) $**N/A

**NEW ENROLLMENT DISCOUNT** $ NA Fees Paid to any other Entity: $N/A

**SCHOOL HAS RECEIVED $\_\_\_\_\_\_\_\_**  In-Residence Housing Not available

**BALANCE OWED: $\_\_\_\_\_\_\_\_**

 **▸STUDENT TUITION RECOVERY FUND (STRF): 76215. Student Tuition Recovery Fund Disclosures**

“The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if 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.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.”

(b) In addition to the statement required under subdivision (a) of this section, a qualifying institution shall include the following statement in its school catalog:

“It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to

**BUREAU FOR PRIVATE POSTSECONDARY EDUCATION (BPPE)**

 **1747 N MARKET BLVD. STE. 225**

**Sacramento, Ca 95834**

 **Tel (916)431-6959 Toll Free (888)370-7589, Fax (916)263-1897 Tel (916)431-6959 Toll Free (888)370-7589, Fax (916)263-1897 Web site: www.bppe.ca.gov E-mail:** **bppe@ca.gov**

To be eligible for STRF, you must be a California resident or enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.

2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.

3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.

4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.

5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.

6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.

7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number. ”Note: Authority cited: Sections 94803, 94877 and 94923, Education Code. Reference: Section 94923, 94924 and 94925, Education Code.

**STUDENT’S RIGHT TO CANCEL**

The Student has the right to cancel this enrollment agreement and obtain a refund of charges paid through attendance on the first day of class, or the seventh (7th) day after enrollment, whichever is later. Cancellation occurs when the student gives written notice of cancellation to the Director, at the address of the School, shown on this agreement. The Student can also mail, hand deliver, fax or telegram the cancellation. The written notice of cancellation, if sent by mail, is effective when deposited in the mail, properly addressed with prepaid postage. Cancellation notices are to be addressed to: **MASTER BARBERING ACADEMY LLC 406 e 3rd st LONG BEACH CA 90802**

**WITHDRAWAL FROM COURSE:**  You have until this date: **\_\_\_\_\_\_\_\_** cancel or withdraw. The Student has the right to withdraw from School at any time. If the Student withdraws from the course of instruction after the cancellation period, the School will remit a pro-rata refund for the unused portion of the tuition and other refundable charges if the student has completed up to 60% of training or less of the instruction within 30 days. The amount of the refund is determined by deducting the registration fee from the total tuition charge, then dividing the remainder by the number of hours in the course to calculate the hourly charge. The refund is the amount in excess of what the student owes for total hours of instruction completed, excluding the non-refundable $150.00 Registration fee.

**HYPOTHETICAL REFUND EXAMPLE:** Students have a right to a full refund of all charges, less the $150 registration fee, if the student cancels the enrollment agreement on the first day of class or on the seventh day after signing this agreement. The amount retained by the school will not exceed the $150 (**ONE HUNDRED FIFTY DOLLARS**) registration fee.

If a student withdraws from the program after instruction has begun, the student will receive a pro rata refund for the unused portion of the tuition and other refundable charges if the student has completed 60% or less of the instruction. The date of withdrawal is the date of cancellation and is determined as the date the student notifies the school of the decision to cancel, or the last date of attendance if the student fails to notify the school. The student will be charged for all hours attended. For example, if the Student completes 50 hours of a 100-hour course and paid $2,000 for tuition-in-full, the student would receive a refund of $1,000.

$2000 / 100 = $20 / 50 / $1000 / $1,000

Tuition / Total Hourly / Hours / Total Due / Total Due

Paid By / Hours Charge / Completed / to School / to Student

A more complete, detailed refund example can be found in our School Catalog, regarding equipment and other refundable items.

The School will refund money collected from a third party on the student’s behalf, such as Veteran’s Benefits and/or WIA funds, if the school cancels or discontinues the course in which the student is enrolled, or if the student drops out. If any portion of the tuition was paid from the proceeds of a third party, the refund will be sent to the lender or agency that guaranteed the funds. Any remaining amount will first be used to repay any student financial aid programs from which the student received benefits, in proportion to the benefits received. Any remaining amount of money will be paid to the student. 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 has received federalstudent financial 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 at another institution until the loan is repaid.

**NOTICE CONCERNING TRANSFERABILITY of CREDITS and CREDENTIALS EARNED AT OUR- INSTITUTION:** The transferability of the Certificate you earn at **MASTER BARBERING ACADEMY** LLCis at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in the, **BARBER PROGRAM** is also at the complete discretion of the institution to which you may seek to transfer. If the certificate 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 that 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 **MASTER BARBERING ACADEMY LLC t**o determine if your certificate will transfer.

**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 the most recent three-year cohort default rate, if applicable, and salaries or wages, prior to signing this agreement.

**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 I have signed, initialed, and dated the information provided in the *School Performance Fact Sheet*. **Student Initials: \_\_\_\_\_\_\_\_\_\_**

**Any questions** a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to; **BUREAU FOR PRIVATE POSTSECONDARY EDUCATION (BPPE) 1747 N MARKET BLVD. STE. 225** **Sacramento, Ca 95834**

 **Tel (916)431-6959 Toll Free (888)370-7589, Fax (916)263-1897 Tel (916)431-6959 Toll Free (888)370-7589, Fax (916)263-1897 Web site: www.bppe.ca.gov E-mail:** **bppe@ca.gov** toll free telephone number (888)370-7589 or by fax(916)263-1897. 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 web site www.bppe.ca.gov.”

**I understand that this agreement is a legally binding, contract My signature below certifies 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**

 **ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATION PROGRAMS:** **$\_\_\_\_\_**

 **TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE W/DISCOUNT: $\_\_\_\_\_\_**

 **TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:$\_\_\_\_\_**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 **Student Signature** **Date**

**▸My signature below certifies** that I have read, I understood and agreed to my rights and responsibilities, and that the institution’s cancellation and refund policies have been clearly explained to me**.**  This agreement is a legally binding instrument when signed by the student and accepted by the school.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_ **Student Signature**  **Date**

**Administrative Offices & Classrooms** & **main campus address :406 e 3rd st LONG BEACH CA. 90802*.* All training is on campus; there is NO distance learning at the MASTER BARBERING ACADEMY LLC. My signature below certifies** that I am an authorized representative of this School and that I have personally explained the institution’s cancellation and refund policies to the Student. I certify that the School has met all disclosure requirements of the California Education Act of 2009.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_ OWNER \_\_\_\_\_\_\_\_\_\_

 **School Admission’s Officer**  **Date**  **School Official/Title** **Date**