



Student Enrollment Agreement

The terms of this Agreement will apply throughout the entire duration of the student's time at HCC, from enrollment through graduation.

All classes will be held at: 1552 N Western Ave., Los Angeles, CA 90027
(310) 800-3069 www.hollywoodcareercollege.com

If English is not the student's primary language, and the student is unable to understand the terms and conditions of this enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language. Hollywood Career College does not provide document translation services.

I hereby apply for admission to Hollywood Career College School of Massage Therapy. ***This enrollment agreement is a legally binding agreement once signed by the student and accepted by the institution.***

STUDENT INFORMATION

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

ADDRESS: _____
(Street address) (City) (State) (Zip)

HOME PHONE: (____) _____ WORK PHONE: (____) _____

EMAIL ADDRESS: _____ DATE OF BIRTH (MM/DD/YYYY): _____

SOCIAL SECURITY #: _____

NAME OF HIGH SCHOOL OR ISSUING AGENCY: _____

Month/Year of Graduation _____

ADDRESS OF HIGH SCHOOL OR AGENCY: _____
(Street address)

(City) (State) (Zip)



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Other Colleges Attended? Yes No

If YES, indicate highest degree attained: ___ Associate ___ Bachelor ___ Master

NAME OF PREVIOUS COLLEGE OR UNIVERSITY: _____

ADDRESS OF PREVIOUS COLLEGE OR UNIVERSITY: _____

(Street address)

(City)

(State)

(Zip)

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY: _____

RELATIONSHIP: _____ PHONE: _____

ADDRESS OF PERSON TO CONTACT IN CASE OF EMERGENCY: _____

(Street address)

(City)

(State)

(Zip)

Do you have any health problems or disabilities that might hinder your completion of this educational program?_

_____ No

_____ Yes (If Yes please explain below (continue onto a separate sheet if necessary))



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MASSAGE THERAPY PROGRAM (500 Hours): _____ Full-Time (8 hr/day, 5 days/week)
_____ Part-time (4 hr/day, 5 days/week)

Indicate time preference:

Morning (8am-12pm) **OR** Afternoon (12.30pm-4.30pm)

PROGRAM DATES

Program start date (next module start): _____ Anticipated program finish date: _____

Date by which you must cancel in order to receive a full refund, less the application fee (please see page 5 for cancellation policy details): _____



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FEEES, CHARGES AND EXPENSES

Note: The fee structures below represent all standard charges for the program. Prospective students should also carefully review the "Attendance Requirements and Make-up Policies" section of the school catalog for details on additional costs associated with missed coursework – in summary, make-up hours are assessed a \$15/hour fee.

The Massage Therapy program currently offers four program duration/payment options:

Option 1: Full time (8 hours per day, 5 days per week for 12.5 weeks), paid in full at start:

REGISTRATION FEE (non-refundable):	\$ 250
TUITION:	\$ 7500
BOOKS & COURSE MATERIALS (non-refundable):	\$ 570
MASSAGE CONSUMABLES (non-refundable):	\$ 150
UNIFORMS (non-refundable):	\$ 30
INSTALLMENT FEES:	\$ 0
Student Tuition Recovery Fund fee (STRF) (CA residents; non-refundable):	\$ 0

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE	\$8500 (+ \$0)
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM	\$8500 (+ \$0)
THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT	\$8500 (+ \$0)

I select this payment option. (Student signature) _____ (Date) _____

Option 2: Full time (8 hours per day, 5 days per week for 12.5 weeks), paid in three installments:

REGISTRATION FEE (non-refundable):	\$ 250
TUITION:	\$ 7500
BOOKS & COURSE MATERIALS (non-refundable):	\$ 570
MASSAGE CONSUMABLES (non-refundable):	\$ 150
UNIFORMS (non-refundable):	\$ 30
INSTALLMENT FEES:	\$ 150
Student Tuition Recovery Fund fee (STRF) (CA residents; non-refundable):	\$ 0

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE	\$8650 (+ \$0)
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM	\$8650 (+ \$0)
THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT	\$3650 (+ \$0)

Second installment payment (due 1 month after start) \$2500
Second installment payment (due 2 months after start) \$2500

I select this payment option. (Student signature) _____ (Date) _____



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Option 3: Part time (4 hours per day, 5 days per week for 25 weeks), paid in full at start:

REGISTRATION FEE (non-refundable):	\$ 250
TUITION:	\$ 7500
BOOKS & COURSE MATERIALS (non-refundable):	\$ 570
MASSAGE CONSUMABLES (non-refundable):	\$ 150
UNIFORMS (non-refundable):	\$ 30
INSTALLMENT FEES:	\$ 0
Student Tuition Recovery Fund fee (STRF) (CA residents; non-refundable):	\$ 0

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE	\$8500 (+ \$0)
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM	\$8500 (+ \$0)
THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT	\$8500 (+ \$0)

I select this payment option. (Student signature) _____ (Date) _____

Option 4: Part time (4 hours per day, 5 days per week for 25 weeks), paid in five installments:

REGISTRATION FEE (non-refundable):	\$ 250
TUITION:	\$ 7500
BOOKS & COURSE MATERIALS (non-refundable):	\$ 570
MASSAGE CONSUMABLES (non-refundable):	\$ 150
UNIFORMS (non-refundable):	\$ 30
INSTALLMENT FEES:	\$ 250
Student Tuition Recovery Fund fee (STRF) (CA residents; non-refundable):	\$ 0

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE	\$8750 (+ \$0)
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM	\$8750 (+ \$0)
THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT	\$2750 (+ \$0)

Second installment payment (due 1 month after start)	\$1500
Third installment payment (due 2 months after start)	\$1500
Fourth installment payment (due 3 months after start)	\$1500
Fifth installment payment (due 4 months after start)	\$1500

I select this payment option. (Student signature) _____ (Date) _____



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My initial payment (Including non-refundable registration fee) in the amount of \$ _____ is enclosed.

I am paying by (check one) _____ Check _____ Credit Card/ATM _____ Cash

Credit/Bank card number (if applicable) is: _____ Exp (MM/YYYY): _____ CVV: _____

Signature (only if using a credit or bank card): _____ Today's Date: _____

(Please note: If you are using a bank card, please check with your bank regarding limitations. You will be responsible for all returned check or insufficient funds fees.)

TERMS AND CONDITIONS

CANCELLATION , WITHDRAWAL, AND REFUND POLICY

STUDENT'S RIGHT TO CANCEL:

A student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. **A student may cancel enrollment by giving written notice to the college.**

Hollywood Career College's refund policy is as follows:

- 1.) If cancellation occurs within seven days after the date of enrollment, or before the first scheduled class session (whichever is later), 100% of all institutional charges shall be refunded, minus the \$250 application fee.
- 2.) If withdrawal or termination occurs after the commencement of classes, the student shall be charged according the last date of attendance. If withdrawal or termination occurs before the completion of 60% of the total class hours (300 hours), the student shall be entitled to a prorated refund of tuition. The College shall retain the application fee, book and supply fees, and any other legitimate charges owed by the student.
- 3.) If withdrawal or termination occurs after the completion of 60 percent of the total class hours, the student shall be obligated for the tuition charged for the entire program (the student shall not be entitled to any refund);

The term "tuition" means the charges for instruction including any lab fees. Tuition does not include application fees (\$250) or other identified program fees. It does not include materials costs, such as books and supplies. HCC does not issue credits or refunds for books or other supplies.

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 federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

When a cancellation, withdrawal, or termination occurs, a calculation of all allowable charges shall be made within 45 days. If the College has received total payments greater than its allowable charges:



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- 1.) After the date of determination of such cancellation, withdrawal or termination, a written statement showing allowable charges and total payments received shall be delivered to the student, together with a refund equal in amount to dollar amount paid to the college in excess of those allowable charges.
- 2.) If the student has received federal, state, or other student aid or other tuition assistance program(s), including student loan programs, regulations governing refunds within the respective program(s) shall prevail, but only with respect to the covered portions thereof.
- 3.) In the event payments to a student account are derived from a sponsoring public agency, private agency, or any source other than the student, the statement of charges and payments received together with an appropriate refund may be delivered instead to such parties, but only with respect to the covered portions thereof.

In the case of a disabling illness or accident, death in the immediate family or other circumstances beyond the control of the student that causes the student to leave school, the college shall arrange a prorated tuition settlement that is reasonable and fair to both parties.

If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of 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 assistance until the loan is repaid.

NOTICE

YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Hollywood Career College is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the diploma you earn in Massage Therapy is also at the complete discretion of the institution to which you may seek to transfer. If the credits or diploma that you earn at this institution are 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 Hollywood Career College to determine if your credits or diploma will transfer.



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NOTICES CONCERNING THE STUDENT TUITION RECOVERY FUND (STRF)

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.

NOTICE CONCERNING DISTANCE EDUCATION PROGRAMS NOT OFFERED IN REAL TIME

An institution offering a distance educational program where the instruction is not offered in real time shall transmit the first lesson and any materials to any student within seven days after the institution accepts the student for admission.

CAMTC STATEMENTS

Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code section 4600 et. seq.

A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at One Capitol Mall, Suite 800, Sacramento, CA 95814, www.camtc.org, phone (916) 669-5336, or fax (916) 669-5337.



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SUMMARY OF GRADUATION REQUIREMENTS FOR MASSAGE THERAPY DIPLOMA PROGRAM

- Recorded completion of 500 hours of class time.
- Successful completion of all class modules. Most modules are comprised of both lecture and lab components. Successful completion requires a passing grade ('D' or higher) on the written exam corresponding to the module's lecture section as well as a passing grade on the lab (physical/practical) section.
- An overall GPA of 2.0 or higher.
- All financial obligations to the school have been paid.

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

STUDENT INITIAL: _____ I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, 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.

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:
1747 N. Market Blvd. Ste 225, Sacramento, CA 95834
P.O. Box 980818, Sacramento, CA 95798-0818,
www.bppe.ca.gov, (888) 370-7589 or (916) 574-8900, 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.

Enrollment into the HCC massage therapy program occurs solely by means of executing this enrollment agreement.

I understand that this 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.

STUDENT SIGNATURE: _____ DATE: _____

AUTHORIZED HCC EMPLOYEE SIGNATURE: _____ DATE: _____

> Note to HCC employee: Attach a copy of the student's valid government issued photographic identification.



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PROMISSORY NOTE FOR STUDENTS UTILIZING INSTALLMENT PLANS

The undersigned (the "Student") hereby promises to pay to Hollywood Career College (the "College") the remaining outstanding payments pursuant to the terms and conditions set forth herein.

TUITION PAYMENTS. The remaining tuition amount of this promissory note shall be due and payable as follows (choose only one of the following payment schedule options):

Schedule 1: *This is for the full time program.* After the initial payment (\$3650), 2 additional monthly payments will be due:

Payment #1: \$2500 due one month after the initial payment – (Indicate actual due date:) _____

Payment #2: \$2500 due two months after the initial payment – (Indicate actual due date:) _____

Schedule 2: *This is for the part time program.* After the initial payment (\$2750), 4 additional monthly payments will be due:

Payment #1: \$1500 due one month after the initial payment – (Indicate actual due date:) _____

Payment #2: \$1500 due two months after the initial payment – (Indicate actual due date:) _____

Payment #3: \$1500 due three months after the initial payment – (Indicate actual due date:) _____

Payment #4: \$1500 due four months after the initial payment – (Indicate actual due date:) _____

INTEREST AND FEES. This note does not bear any interest, however each payment (including the initial payment) carries a \$50 installment fee.

PREPAYMENT. The Student shall have the right to prepay this Note in whole or in part without premium or penalty.

GOVERNING LAW. This Note shall be governed by, and construed in accordance with, the laws of the State of California.

EXPENSES. The Student shall be held responsible for any Insufficient Funds fees imposed by the Student's bank.

The Student agrees that if any of the outstanding tuition is not paid according to the indicated schedule above, the College may impose penalties such as termination of the Student's enrollment, pursuant to the published termination and refund policies.

Student: _____ (STUDENT SIGNATURE and DATE)

_____ (PRINT STUDENT NAME)