Inspire Code Consulting CPMA

Online Enrollment Agreement

P O Box 2911

Slidell, Louisiana 70459

985-422-4612

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School Completion Yes\_\_\_ No\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program\_\_**Online** **Certified Professional Medical Auditor**\_\_\_\_\_\_\_\_ Program Length (Hours)\_**168**\_\_\_ AM/PM Classes

In consideration of my acceptance as a student for the\_\_\_\_**Online** **CPMA**\_\_\_\_\_\_\_\_\_\_program as of the above date, I hereby enroll and obligate myself to pay to the order of\_one thousand five hundred\_\_\_\_\_\_\_\_\_\_, dollars ($\_**1,500.00**\_\_\_\_\_) to be paid as follows: **\_**\_\_\_\_\_\_\_\_\_ with the signing of this enrollment agreement and the balance of **\_\_\_\_**\_\_\_\_\_ to be paid as follows:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Three Business Day Cancellation: I understand that if for any reason I am unable to enter, all monies paid will be refunded if requested within three business days after signing an enrollment agreement and making an initial payment.

Cancellation After the Three Business Day Cancellation Period but before Commencement of Classes by the student: Tuition or fees collected in advance of entrance and if the student does not begin classes, not more than $150.00 shall be retained by the institution. Refunds for a student who does not begin classes shall be made within 30 days of notice of cancellations.

I understand that the Withdrawal After Commencement of Classes Refund Policy shall be:

1) After a student has completed less than 15% of the course, the institution shall refund at least 80% of the tuition, less the registration fee, thereafter;

2) After a student has completed less than one fourth of the course, the institution shall refund at least 70% of the tuition, less the registration fee, thereafter;

3) After a student has completed one fourth, but less than one half of the course, the institution shall refund at least 45% of the tuition, less the registration fee, thereafter;

4) After a student has completed one half or more of the course, the institution may retain 100% of the stated course price.

Percentages of program completion are to be computed on the basis of clock hours. I certify that I have received a copy of the school catalog that contains: my program outline, schedule of tuition, fees, and other charges, the refund policy, regulations pertaining to the rules of operation and conduct, grading policy, and general information. I further certify I have received and read a copy of this Enrollment Agreement and understand it is subject to representation only as expressed herein. I agree to comply with these policies during my period of enrollment in \_**Inspire Code Consulting**\_

Registration Fee $\_150.00\_\_\_\_\_ Entrance Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition $\_1350.00\_\_\_\_\_

Textbooks $\_\_\_\_\_\_\_\_\_\_

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_