## **TUITION AGREEMENT**

Approved and Regulated by the Colorado State Board of Nursing

General Information	<b>Date</b>		
Student's Name			
Program/Course: C N A / Nurse Aide Program			
Start Date Date paid in full	lethod of payment		
Tuition is \$ <u>895.00</u> due at the time of registratio Or A payment plan is available if needed at \$ <u>1000.00</u> a We accept cashier check, money order and credit ca PLEASE NO PERSONAL CHECKS OR CASH AC	and will fol ard (small CCEPTED	llow the below schedule fee applied).	
<b>Deposit due at registration</b>	\$250.00	Due now	
2 <sup>nd</sup> payment due 1 <sup>st</sup> day of class (That	\$375.00	Due:	
will be the 1st or 16th of the month			
depending on what class you are joining)			
3 <sup>rd</sup> (last) payment is due the 8 <sup>th</sup> day of	\$375.00	Due:	
class (weekends are included in the			

## 1. TUITION includes:

calculations)

Textbook Colorado Background Check Online theory and hands-on labs at the facility Professional Liability Insurance

To remain in the program your payment must be paid timely and a \$20 late fee will be applied for each day that it is late

By signing below, the student agrees to pay *Colorado Nurses Aide School the* total stated tuition. The School agrees to provide the occupational training in accordance with the provisions of the school policy listed in the student

handbook. Payment of all monies due shall be a condition of continuing enrollment.

Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the School have been met the School will award the CERTIFICATE to the student.

The student and school understand that this Tuition Agreement, WHICH INCLUDES THE REFUND POLICY, may not be amended except in writing and signed by both parties.

**Postponement of starting date**, whether at the request of the school or the student, requires a written agreement signed by the student and the school. The agreement must set forth:

a.) Whether the postponement is for the convenience of the school or student; and,

A deadline for the new start date, beyond which the start date will not be postponed.

## Refund Policy-\*\*\*\*\* The refund is based on if the tuition has been paid in full.

Students not accepted into the school are entitled to all moneys paid. Students who cancel this contract by notifying us in writing within three (3) business days before the first day of class are entitled to a refund minus a \$250.00 deposit. In the case of students withdrawing after commencement of classes, the refund table below will apply. The refund is based on if the tuition has been paid in full.

## **Refund Table**

Student is entitled to upon withdrawal/termination*	Refund
Refund on the 1 <sup>st</sup> day of the start of the class	50%
On the 2 <sup>nd</sup> day of class there is NO REFUND	0%

- 1. The student may cancel this contract at any time prior to midnight of the third business day after signing this contract.
- 2. All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:
  - a. The date on which the school receives written notice of the student's intention to discontinue the training program; or
  - b. The date on which the student violates published school policy, which provides for termination.
  - c. Should a student fail to return from an excused leave of absence, the effective date of termination for a student on an extended leave of absence or a leave of absence is the earlier of the date the school determines the student is not returning or the day following the expected return date.
- 3. The student will receive a full refund of tuition & fees paid if the school discontinues a course/ program within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation.
- 4. The policy for granting credit for previous training shall not impact the refund policy.

	FIND A COPY OF THIS TUITIO WWW.MEDICALHEALTHTRAII	RRENT STUDENT HANDBOOK.VIA THE
S	Student Signature	
	Carolyn Omiteru School's Official	
3	School S Official	Colorado Nurses Aide School