**ENROLLMENT AGREEMENT**

**RN-BSN**

# GENERAL INFORMATION

**Student Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Telephone Numbers: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PROGRAM INFORMATION

This space left intentionally blank:

|  |  |  |  |
| --- | --- | --- | --- |
| Program | Credit Hours | Completion Time | **Total Cost Due** |
| ☐ RN- BSN | **120** |  **150 Weeks** | **$14,395.00** |
| *OFFICE USE ONLY:* Date of Admission: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Program/Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mo. Day Yr. Previous Student: ☐ Yes ☐ No Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Full-Time ☐ Part-Time ☐ Day ☐ Evening  Days/Evenings Class: (*Circle*): Mon Tue Wed Thu Fri Sat Sun  Time of Day/Evening Class Begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time of Day/Evening Class Ends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

# TUITION AND FEES

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program**  | **Registration Fee** *(non-refundable)*  | **Credential**  | **Credit Hours**  | **Tuition**  | **Books and** **Supplies**  | **Other** **Costs**  | **Total Cost**  |
| **RN-BSN**  | **$150.00**  | **Degree**  | **60** | **$9504.00** | **$3026.00** | **$1715.00** | **$14,395.00** |

This space left intentionally blank:

**PAYMENT SCHEDULE:**

|  |  |  |
| --- | --- | --- |
| **TUITION****THE TOTAL COST OF THE \_\_\_\_\_\_****TUITION** **APPLICATION FEE:** **BOOKS/SUPPLIES:** **MISC. EXPENSES:** **TOTAL TUITION:**  | **\_\_\_\_\_\_\_ PROGRAM** **$ \_\_\_\_\_\_\_\_\_** **$ \_\_\_\_\_\_\_\_\_** **$ \_\_\_\_\_\_\_\_\_** **$ \_\_\_\_\_\_\_\_\_** **$ \_\_\_\_\_\_\_\_\_**  | **METHODS OF PAYMENT**  **F**ull payment at time of signing enrollment agreement.  **A**pplication fee at the time of signing enrollment agreement with balance paid prior starting date.  **A**pplication fee at the time of signing enrollment agreement with balance paid prior to graduation by a payment plan.  **A**pplication fee at the time of signing enrollment agreement with balance paid prior to graduation by any financing source.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Annual** **Percentage** **Rate** **NOT APPLICABLE**  | **Finance Charge** **NOT APPLICABLE**  | **Amount Financed** The dollar amount provided to you or on your behalf.  **NOT APPLICABLE**  | **Total Payment** The amount you will have paid after you have made all payments as scheduled. **NOT APPLICABLE**  | **Total Sales Price** The total cost of your purchase on credit includes your down payment of **NOT APPLICABLE**  |
| **Your Payment Schedule Will Be**  |   |   |
| **Number of Payments**  | **Amount of Each Payment**  | **When Payments are Due**  |
|     |    | Beginning on \_\_\_\_\_\_ and on the same day of each (check one)  Monthly  Weekly  Bi-Weekly thereafter  |

This space left intentionally blank:

# PAYMENT DETAIL INFORMATION

Please select your preferred method of payment.

I choose to pay with:

\_\_\_ Check or Money Order, **Payable to Aceso Institute of Health Professions**

\_\_\_ Credit or Debit Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp.\_\_\_\_\_\_\_\_\_\_\_

There will be a late charge of $5.00 for payments received after the due date. The late charge will be added to your next due payment. After due date, it is $5.00 dollar for late payments and must paid with the next payment due. In case of overdraft, a $25.00 overdraft fee will apply.

All program prices are printed herein. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time. Cost of class is included in the price cost for the goods and services.

## POLICIES AND TERMS

**An applicant requesting admission must:**

**An applicant requesting admission must:**

* **Be at least 18 years old**
* **Provide a valid United States government-issued picture identification**
* **Be a United States citizen, permanent resident, or resident with a school permit**
* **Must provide proof of identification and United States’ citizenship or residency status.**

✓ Acceptable forms of identification are as follows:

 ▪ United States citizen:

Original or certified copy of the student’s birth certificate.

A valid, unexpired US passport.

Certificate of Naturalization issued by the DHSMV.

Voter’s registration card.

✓ Non-US citizens must provide one document (original or certified copy) to establish identity.

Examples are as follows:

* + - * + A valid, unexpired Permanent Resident Card (I-551).
				+ A valid passport for non-immigrants.
				+ Department of Homeland Security document showing proof of lawful residency.
* **Agree to participate in any required lab, clinical, and theoretical components of the program**
* **Submit complete Enrollment Agreement**
* **A $150.00 Application fee must be paid upon enrollment**
* **Submit a current resume or curriculum vitae**
* **Have a valid, unrestricted, and unencumbered RN license from the state in which the applicant**

**is practicing, to be kept current throughout the duration of the course of study**

* **Provide a valid government-issued picture identification.**
* **Earned an Associate Degree or Diploma in Nursing from an institution accredited by an agency**

 **recognized by either the Council for Higher Education Accreditation (CHEA), the U.S. Department**

 **of Education, or the Florida Department of Education.**

* **Have a cumulative grade point average (CGPA) of at least 2.5 on a 4.0 scale**
* **The general education courses listed below must be successfully completed with a grade of C or**

**above and transferred in before matriculating in courses that begin with “NUR” course codes**

 ✓ GEC 201 College Writing II

 ✓ GEC 202 Introduction to Statistics

 ✓ HSC 201 Nutrition

 ✓ GEC 203 Introduction to Public Speaking

* **Submit a completed enrollment packet**
* **Have a valid, unexpired, Basic Life Support (BLS) certification from the American Heart**

**Association or the American Red Cross.**

* **Complete a Level II Background check** (approximately $50.00 to $60.00)

✓ Information on how to obtain this clearance will be given to the applicant during the admissions process.

▪ For further information, you may consult Florida Statutes SS456.013 (3)(a), 456.039(1),

 456.072(2), 464.018, and other laws that govern the nursing health care profession.

* + Applicants who have a misdemeanor conviction should be aware that they may not meet applicable licensure or certification requirements and may not be able to secure employment in the field.
	+ Certain misdemeanor convictions may prevent a student from successfully completing the desired program due to the inability to place students on externship or clinical sites; therefore, in these instances, the school reserves the right to deny admission.
	+ A criminal record may jeopardize a student’s ability to complete the program requirements, achieve required licensure, and eligibility for employment; therefore, the institution **does not accept applicants who have been convicted of a felony**.

**Academic Regulations:**

All students have the responsibility to become acquainted with the content of this enrollment agreement. This will assure that the student is informed and in compliance with current academic requirements and policies at Aceso Institute of Health Professions.

Our program is non-credit bearing and does not provide for, or accept, earned credit from prior learning, prior examination, or prior job experience. In addition, the transfer and acceptance of credits, certificates, or contact hours earned at this institution is at the discretion of the accepting institution. Our programs are based on the clock hour system which is defined as follows; one clock hour equals 50 minutes of instruction in the presence of an instructor with a ten-minute break.

**Academic Honesty:** Aceso Institute of Health Professions can best function and accomplish its objectives in an atmosphere of high ethical standards. It expects and encourages all students, faculty, and staff to contribute to such an atmosphere in every way possible and especially by observing all accepted principles of academic honesty.

**Class Attendance:** Properly enrolled students are required to attend the first day of class. Failure to attend may result in the student being dropped. Aceso Institute of Health Professions expects students to attend class at least 95% of the time. If a student reaches 4% absenteeism, they will be warned in writing by the Director of Education and consequently counseled. Additionally, if during the beginning of the course, the student is consecutively absent for more than 7 class sessions, they will be removed from the class and must wait for an available course and restart the program. Students whose absences reach 6% of total class time will be given an **Incomplete (I**) and dropped from the course. A student receiving an **incomplete (I)** will have the option to attend the class again within 12 months and the application fee and program tuition will be waived. However, to qualify for the waived tuition and application fee, they must have paid the course in full prior to having been dropped. In the event the student fails to complete the missed work, it will result in an **unsatisfactory (U) final grade**. The student will have the option to attend the class again within **12 months** with the application fee and program tuition waived. However, to qualify for the waived tuition and application fee, they must have paid the failed course in full. The student will be referred to the Director of Education for academic counseling prior to starting the course again. If after starting the course a second time, the student fails again, and the **12 months** have passed, they will not be allowed to retake the course. The student will be referred to the Director of Education for academic counseling. If the student chooses not to attend the class again, they will be considered as withdrawals from the program and the Cancellation and Refund Policy will be applied. Emergency absences due to illness or family matters should be reported to the instructor and Director of Education immediately. Students are expected to be in the classroom 10 minutes before the start of each class in order to be ontime, 3 counts of Tardiness equal 1 absence.

**Conduct:** Unruly or disruptive behavior in the classroom will not be allowed. An instructor can dismiss a student from class for any conduct that creates an environment where learning cannot continue at a high level of quality. All issues will be reviewed prior to the next class and determined if the student can continue in the program or should be withdrawn. The standard refund policy will apply to forced withdraws.

**Enrollment:** Properly enrolled students are defined as students who have completed the enrollment form and application process, paid the application fee of $150.00, met all institutional and program requirements, and received an email confirmation of enrollment.

**Examinations:** Course examinations shall be given during the scheduled time and day of the class as designated in the class outline provided by the instructor. Any exception to this policy must be approved by the Student and Aceso Institute of Health Professions. All classroom examinations are subject to this policy.

**Grades:** Students will receive a grade based on the class requirements. A Diploma is awarded for completing the required class hours and materials and when receiving an average course grade of 70% or higher.

|  |  |  |
| --- | --- | --- |
| A | Satisfactory | 90 - 100% Course Average Grade |
| B | Satisfactory | 80% - 89% Course Average Grade |
| C | Unsatisfactory | 75% - 79% Course Average Grade |
| D | Unsatisfactory | 70% - 74% Course Average Grade |
| F | Unsatisfactory | 0% - 69% Course Average Grade |
| Reporting | Progress | Students are given Midterm and Final academic reports |

**PROCEDURE TO INSPECT EDUCATION RECORDS:** A student has the right to inspect his or her educational records and to challenge the contents. To review records, a student must make a request in writing to **320 Crown Oaks Centre Drive, Longwood, Florida, 32750**. The written request must identify as precisely as possible the record or records he or she wishes to inspect. An appointment to review the records with the student will then be set up.

## CANCELLATION REFUND POLICY

Should student’s enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation can be made in person, by electronic mail, by Certified Mail or by termination.
2. All monies will be refunded if the school does not accept applicant or if the student cancels within (3) business days after signing the enrollment agreement and making initial payment.
3. Cancellation after the (3rd) Business Day, but before the first class, results in a refund of all monies paid, with the exception of the application fee (Not to exceed $150).
4. Cancellation after attendance has begun, through 40% completion of the program, will result in a Pro Rata refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing more than 40% of the program will result in no refund.
6. Termination Date: In calculating a refund due to a student, the last date of actual attendance is used in the calculation unless earlier written notice is received.
7. Refunds will be made within 30 days of termination of students’ enrollment or receipt of Cancellation Notice from student.

## GROUNDS FOR TERMINATION

Students are expected to comply with the rules and policies of this institution. ACESO Institute of Health Professions will reserve the right to terminate this contract and enrollment at any time for violation of its rules and policies as outlined in the catalog.

## GRADUATION REQUIREMENTS

In order to graduate from our programs, the student must successfully complete the required number of scheduled clock hours as specified in the catalog and on the Student Enrollment Agreement, pass all written and practical examinations with a minimum of 70% average, pass pharmacology dosage and calculations with 100%, and satisfy all financial obligations to the school.

## CAREER SERVICES

The school does not make any guarantees of my employment or salary upon graduation. The school will provide career assistance, which will consist of identifying opportunities and advising the student on appropriate means of attempting to realize those opportunities.

# CANDIDATE ACKNOWLEDGMENTS

**NOTICE TO PROSPECTIVE STUDENT: DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACE. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.**

1. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by the established standards of conduct, as outlined in the school catalog. While enrolled in the center, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a diploma may be awarded.

 \_\_\_\_\_\_ initials

1. I understand that the school does not guarantee job placement or salary to graduates upon program completion or upon graduation. The school will provide me with placement assistance, which will consist of identifying employment opportunities and advise me of appropriate means to pursue these opportunities.

 \_\_\_\_\_\_ initials

1. I understand and agree that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written consent of the Student and the School Official. I also understand that if I default on this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by the school.

 \_\_\_\_\_\_ initials

1. I have carefully read and received an exact copy of the binding document (enrollment agreement) and the school catalog.

 \_\_\_\_\_\_ initials

**MY SIGNATURE BELOW CONFIRMS THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT. IN ADDITION, I UNDERSTAND IT IS A LEGALLY BINDING CONTRACT.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Signature of School Official Date