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# **INTERNATIONAL STUDENT ENROLLMENT AGREEMENT**

Student Name:					
Date of Birth:	First Name	Nat	Middle Name ionality:		Last Name
Street Address:					
City:		State:		Zip:	
Contact Number:			SSN:		

I agree to enroll in the (program name)	_of Columbia College.
The beginning date for this session is (MM/DD/YYYY)	and the
expected completion date is (MM/DD/YYYY)	
The total expected number of program hours/credits is	

#### <OFFICIAL ONLY>

COST FOR PROGRAM:	APPLICATION FEE:	\$
	TUITION:	\$
	BOOKS/SUPPLIES:	\$
	PERSONAL EXPENSES:	\$
	HOUSING AND MEALS:	\$
	TRASNPORTATION:	\$
	TOTAL COST:	\$



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### **REFUND POLICY**

1. If a student decides to withdraw or drop out, refund will be made according to the following schedule.

Proportion of Total Course Taught by Withdrawal Date	Tuition Refund
Through 25%	50% of course cost
After 25% through 50%	25% of course cost
After 50%	No Refund

- 2. If the school closes, cancels, or discontinues a course or program, the full amount of tuition and fees will be refunded to all enrolled students.
- 3. All refunds due will be paid within 30 days of the student's last day of attendance.
- 4. Purchased books and tool kits are students' property and they are not refundable.

\*\*All Students <u>MUST</u> submit a written request for their refunds.

#### STUDENT ACKNOWLEDGEMENT

I have read and understood the enrollment agreement. I understand that this agreement is legal and binding. I attest that I am at least 18 years of age. I understand that I will pay the tuition and fee amount. I have been advised to keep a copy of this document as well as copies of all financial documents.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT (IFAPPLICANT IS A MINOR)

SIGNATURE OF SCHOOL OFFICIAL

In order to be binding, this agreement must be signed by the applicant and a school official.

The enrollment agreement may be extended or modified only with the written consent of both student and the school.

DATE

DATE

DATE