



AMBI

AMERICAN MASSAGE &
BODYWORK INSTITUTE

Enrollment Agreement

Student Information:

Student Name: _____

Address: _____

City/State/Zip Code: _____

Home Telephone: _____ Cell: _____ Work: _____

Email Address: _____

Social Security Number: _____

Emergency Contact: _____

Relationship: _____ Telephone: _____

Highest Level of Education:

HS Diploma GED/Equiv <2yrs College Associates Bachelors Masters Doctorate PhD

Postsecondary Institution(s): _____

Program Information: Day Evening/Weekend

Date of Admission: ____/____/____ Program/Course: _____
MO. DAY YEAR

Program Start Date: ____/____/____ Anticipated End Date: ____/____/____
MO. DAY YEAR MO. DAY YEAR

Number of Weeks: _____ Total Clock Hours: _____

Days Classes Meet

Class Time Starts

Class Time Ends

_____ AM/PM _____ AM/PM

_____ AM/PM _____ AM/PM



Tuition:

The total cost of the _____ program

Tuition:	\$ _____
Books/Supplies:	\$ _____
Uniform:	\$ _____
Misc. Expenses:	\$ _____
Total Cost	\$ _____

Cancellation / Refund Policy:

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides written notice of cancellation within three (3) business days, excluding weekends and holidays, of executing the enrollment agreement is entitled to a refund of all monies paid.

Other Cancellations: An application requesting cancellation more than three (3) days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid, less a maximum tuition fee of 15% of the stated cost of the course or \$100, whichever is less.

Withdrawal Procedure:

- A. A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the President of the school. The notice must include the expected last date of attendance and be signed and dated by the student.
- B. If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so.
- C. A student will be determined to be withdrawn from the institution if the student misses 14 consecutive days (including weekends and holidays).



D. All refunds must be submitted within 45 days of the determination of the withdrawal date.

Tuition refunds will be determined as follows:

Proportion of Total Program

Taught by Withdrawal Date

Tuition Refund

Less than 25%	75% of program cost
25% up to but less than 50%	50% of program cost
50% up to but less than 75%	25% of program cost
75% or more	No refund

Notice to Buyer:

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
6. The school reserves the right to reschedule the program start date when the number of students scheduled is too small.
7. The school reserves the right to terminate a students' training for unsatisfactory academic progress, nonpayment of tuition, or failure to abide by established standards of conduct.
8. The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness, and applicability of credit and whether they should be accepted is the decision of the receiving institution.



Student Acknowledgements:

1. I hereby acknowledge receipt of the school's catalog dated _____, which contains information describing programs offered, and equipment/supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

_____ Student Initials

2. I have carefully read and received an exact copy of this enrollment agreement.

_____ Student Initials

3. 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 established standards of conduct, as outlined in the school catalog. While enrolled in school, 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 certificate may be awarded.

_____ Student Initials

4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.

_____ Student Initials

5. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the State Council of Higher Education in Virginia, 101 N. 14th Street, 9th Floor, James Monroe Building, Richmond, VA 23219. All student complaints must be submitted in writing.

_____ Student Initials



Contract Acceptance:

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by the American Massage & Bodywork Institute.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signature of Student

Date

Representative's Certification:

I hereby certify that _____ has been interviewed by me and in my judgement, meets all requirements for acceptance as a student in the _____

Program at the American Massage & Bodywork Institute, as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

Signature of School Official

Date

Student Disclosures (4)

Student Disclosure #1: Criminal History & State Licensure

I understand that in order to obtain a state license to practice massage therapy in the Commonwealth of Virginia, I must successfully complete this program, in its entirety, and must also successfully complete the MBLEx examination offered by the Federation of State Massage Therapy Boards (FSMTB) prior to submitting for my license.

I understand that prior to receiving my license, the commonwealth will check my criminal background to determine if I am eligible for licensure.

I understand that obtaining a diploma from The American Massage & Bodywork Institute (“AMBI”) and passing the MBLEx examination will not qualify me for licensure in every state. I will speak to an administrator for AMBI if I have any questions about the licensing requirements in any other state.

With that in mind, the Commonwealth of Virginia and certain other state license applications may include questions about the applicant’s history, specifically in relation to:

1. Any and all criminal history convictions ever received. Having been granted a pardon, clemency, or having civil rights restored does not change the fact that a person has a criminal conviction. Therefore, any criminal conviction must be revealed on an application unless it has been expunged.
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction.
3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant’s ability to practice.



Answering “yes” to any question about convictions, past actions, or possible impairment does not mean that application will be denied. It means more information must be gathered and considered before a decision can be made which delays the usual application process. AMBI does not guarantee licensure or job placement for any student, regardless of performance.

By signing below, I acknowledge and agree that the AMBI has no control over whether I pass either the MBLEx examination or the state’s background check. I further acknowledge and agree that AMBI shall have no liability for my failure to obtain a license in any state or employment following graduation.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signature of Student

Date

Student Disclosure #2: Satisfactory Academic Progress (SAP)

I understand that I am responsible for maintaining a Grade Point Average (GPA) of 2.0 or higher per academic course at all times. I understand that if I fail a course, I will be placed on Academic Probation and will be required to re-take and pass the course before I can move on to the next course. Successful completion of the course re-take will remove the Academic Probation status.

I understand that there is a Maximum Timeframe (MTF) during which I am required to complete my education. This MTF is 150% of the published program length. There are seven courses in the Diploma program, and therefore any student failing the same course twice, or failing more than 3 individual courses will be dismissed by AMBI for violation of the MTF. AMBI is under no obligation to offer any course, and makes no representation or warranty that I will be able to retake the same course within the MTF.

In either of the above scenarios, the student who violates either MTF or GPA will be ineligible for re-admittance for a period of one year. If he/she reapplies for admission, is accepted for admission, and decides to re-enroll after one year has expired, he/she will be required to sit for the entire program length again.



My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signature of Student

Date

Student Disclosure #3: Attendance Violations

I understand that regular and consistent attendance is expected of all students, and is an essential component of academic success. When a student enrolls, the student agrees to accept financial and academic responsibility for each course. Attendance information is recorded daily and kept as part of the student's permanent academic record.

I understand that AMBI reserves the right to dismiss any student who incurs excessive absences. At AMBI, each course is 100 clock hours in length. Any student failing to be present or attend any individual course for at least 80 clock hours is subject to disciplinary action, up to and including: failing a course; or dismissal for repeat violations. Except as otherwise agreed in writing, Students of the American Massage and Bodywork Institute are advised that if they are absent for 14 consecutive calendar days (including weekends and holidays) they will be deemed to have withdrawn from the school.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signature of Student

Date



Student Disclosure #4: Attestation of High School Diploma / Equivalency

I attest that I have been awarded a high school diploma, or its equivalency. The name of the school from which I received the diploma or equivalency is _____, and the year of completion was _____.

All foreign high school equivalency documents will need to be translated to English (by a reputable agency), at the student's expense, and be presented to the school for inclusion in your enrollment packet.

In addition, students are asked to provide one of the following as proof of high school completion:

- Copy of high school diploma
- Copy of final official high school transcript that shows date diploma was awarded
- A state certificate or transcript indicating that the student passed a State authorized examination (GED, HiSet, TASC, or other State authorized exam) that the State recognizes as the equivalent of a high school diploma.
- An academic transcript indicating that you have successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signature of Student

Date

Disclosure of Student Information:

Privacy Act

The school provides adequate safeguards of student records and protects the privacy of student files until specifically directed by a student to release information. Privacy is protected in accordance with the Family Educational Rights and Privacy Act (FERPA) – Public Law 93.579.

Right to Access

The school guarantees a student and his or her parents or guardians (if the student is dependent) access to the student's cumulative record.

Release of Information

The school guarantees a student's right to authorize certain individuals or organizations to have access to certain information in his/her cumulative record. It is the school's policy to require this authorization in writing from a student, or in the case of a dependent student, from a parent or guardian each time a third-party request is received.

Statistical Information

Information such as race, gender, and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing, and accrediting agencies require the school to submit such data.

SEX Male Female Not Specified

AGE GROUP Under 18 18-19 20-21 22-24 25-29 30-34 35-39 40-49 50-64 65 and Over

ETHNIC GROUP Are you Hispanic or Latino? Yes No
(Optional) If you are non-Hispanic or Latino, please select one or more of the race categories with which you identify:
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Non-Resident Alien? ___Y / ___ N

Date of Birth ____/____/____

Name: _____

Email: _____

Phone: _____

Alternate Number: _____

Communication from AMBI

The American Massage & Bodywork Institute may contact you regarding your enrollment and other educational services. By opting-in below, you give us consent to use automated technology to call, text, and email at the phone number and email address above, including the use of your cellular number, if provided above. Message and data rates may apply.

Communication by Automated Technology: opt-in opt-out

My signature acknowledges that I understand the policies and procedures of the American Massage & Bodywork Institute in complying with the Family Educational Rights and Privacy Act.

Signature of Student

Date

FERPA Consent to Release Student Information:

The Family Education Rights and privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of their education records. Please complete and sign this form to authorize release of your education records.

Please provide Information from the education records of:

Student Name

To: _____

Name(s) of requestor

Relationship to Student: _____

Student Declaration: I understand my education information may be released orally or in the form of copies of written records, as preferred by the requestor. I understand that this form remains in effect until otherwise revoked by me. I understand that AMBI will not be able to speak to anyone that is not listed on this form about my academic record without me completing an updated version of this document giving consent to that person.

Student Name Printed

Student Signature

____/____/____
MM DD YYYY