

ENROLLMENT AGREEMENT



WILLIAM GEORGE ASSOCIATES LTD.
99 SOUTH BEDFORD STREET, SUITE 102
BURLINGTON, MA 01803
978.352.2163

PROGRAM OR COURSE NAME: _____

STUDENT NAME: _____ PHONE: _____

ADDRESS: _____

ENTRANCE REQUIREMENTS: _____

PERIOD BEYOND WHICH LATE REGISTRATION WILL NOT BE ACCEPTED: 2 DAYS BEFORE CLASS START

CLOCK HOURS: _____

DATE PROGRAM OR COURSE STARTS: ___/___/___ DATE PROGRAM OR COURSE ENDS: ___/___/___

TUITION FEE: _____ OTHER CHARGES: _____ TOTAL CHARGES: _____

METHOD OF PAYMENT: MC, VISA, DISCOVER, AMEX, BANK CHECK

REFUND POLICY: (AS PER M.G.L. CHAPTER 255, SECTION 13K)

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

ADMINISTRATIVE COSTS EQUAL: \$50

(A DUPLICATE COPY OF THIS AGREEMENT MUST BE PROVIDED TO THE STUDENT)

THIS SCHOOL IS LICENSED BY THE MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, OFFICE OF PROPRIETARY SCHOOLS. ANY COMMENTS, QUESTIONS, OR CONCERNS ABOUT THE SCHOOL'S LICENSE SHOULD BE DIRECTED TO PROPRIETARYSCHOOLS@DOE.MASS.EDU or 781-338-6048.

STUDENT'S SIGNATURE: _____ DATE: _____

SCHOOL OFFICIAL'S SIGNATURE: _____ DATE: _____