

HEALTHFLEX SCHOOL OF REFLEXOLOGY INC.
5410 Homberg Drive, Suite 22A, KNOXVILLE, TN 37919
ENROLLMENT AGREEMENT CHECKLIST AND CONTRACT

NOTE: For the Healthflex School of Reflexology Inc., each prospective student is required to sign and date the following form. This form will be maintained in each student's file.

Registration Date of Student	
Name of Student:	
Social Security Number	
Street Address:	
City State Zip Code	
Telephone number	()
Name of Course/Program	On-Campus Reflexology () Distance-Learning Reflexology ()
Date Training Begins	
Projected Date of Completion	
Total Cost of Program, including tuition, fees, textbooks, and equipment	
Date Student Received Copy of Agreement	

STUDENT CONTRACT AND AGREEMENT:

<input type="checkbox"/> I have toured the institution.
<input type="checkbox"/> I have received an institutional catalog.
<input type="checkbox"/> I have read and signed the school's "Disclosure on the Transferability of Credits" form.
<input type="checkbox"/> I was given the time and opportunity to review the institutional policies in the catalog.
<input type="checkbox"/> I understand the 200-hour length of the program for either the on-campus or distance-learning options.
<input type="checkbox"/> I have been informed of the cost for completing the program, which is \$1700.00 and \$100.00 for administrative fees and textbooks. By signing this contract, I agree to pay a total tuition of \$1700 before starting classes and the \$100 administrative fee. The certificate of graduation will not be provided until all classroom work is completed and tuition is paid in full.
<input type="checkbox"/> I have been informed of the estimated cost of textbooks and fees, which is \$100.00, which is in addition to the \$1700 tuition.
<input type="checkbox"/> I have been given a copy of the institutional cancellation and refund policy.
<input type="checkbox"/> I understand what 'transferability of credits' means and the specific limitations (if any) should the institution have articulation agreements.
<input type="checkbox"/> I understand my rights in a grievance situation including contacting the Tennessee Higher Education Commission.
<input type="checkbox"/> I realize that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, 404 James Robertson Parkway, Nashville, TN 37243-0830, telephone (615) 741-5293.
<input type="checkbox"/> For the program entitled "Reflexology", I have been informed that the current withdrawal rate is ___ %, or in the past 12 months, ___ students enrolled in the program and ___ completed this program.
<input type="checkbox"/> For the program entitled "Reflexology", I have been informed that for the students who graduated, the job placement rate is ___% or in the past 12 months, ___ were placed in their field of study out of ___ students who graduated from this program.
<input type="checkbox"/> I understand that while the Healthflex School of Reflexology Inc. will make every effort to seek employment for graduates of the program, there is no guarantee of employment upon graduation.
Signature of President: _____ Date _____
Signature of Secretary: _____ Date _____
Signature of Student: _____ Date _____