

DIVISION OF OCCUPATIONAL LICENSURE
Technical Assistance Handout: Annotated Sample Enrollment Agreement

This annotated sample is provided to assist schools in developing an enrollment agreement to be approved by the Division of Occupational Licensure (DOL), Office of Private Occupational School Education. While schools may develop their own enrollment agreements, the enrollment agreement must contain the fields of information included below to obtain DOL approval. Be sure to delete all DOL annotations prior to submission and contact DOL with any questions.

ENROLLMENT AGREEMENT

SCHOOL'S NAME; ADDRESS; TELEPHONE; EMAIL AND WEBSITE ADDRESSES, IF ANY

STUDENT NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROGRAM: _____

If the school only has one program, please enter it on the line above. Or, if the school has several programs, in lieu of the above line, the school may list them in this space with a check box. Samples are provided at the end of this document.

PERIOD BEYOND WHICH LATE REGISTRATION WILL NOT BE ACCEPTED: *Schools should enter information such as first day of class, one week prior to class start, two days after class start, etc. If the school has more than one program and there are different registration deadlines for each, please list them.*

ENTRANCE REQUIREMENTS: *If entrance requirements are not the same for each prospective student, school representative MUST list requirements for each student's course or program of study at the time of enrollment (e.g. HS or its equivalent, passing English equivalency exam, TB test). See samples at end of this document. If a high school diploma or its equivalent is a minimum entrance requirement for this school, it is recommended that school use the following language "high school diploma or its equivalent" as there are three equivalents to the high school diploma: GED <http://www.gedtestingservice.com/ged-testing-service>, HiSet <http://hiset.ets.org/>, and TASC <http://www.tasctest.com/>). As a point of information, Massachusetts currently only offers the HiSet to students and no longer offers the GED.*

CLOCK/CREDIT HOURS: *Specify whether hours are clock or credit.*

DATE PROGRAM BEGINS: ___/___/___ ENDS: ___/___/___, which is the earliest date of completion

This field is a fill-in-the-blank to be entered at time of enrollment. For online-only schools, the end date should be the last date of access. Note: In the event of a dispute or a school closure, the contract must reflect the actual dates of attendance; therefore, if the start date of the program or course changes after this contract is executed, the student's contract must be amended and initialed by both parties or reissued.

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. Refund Amount: \$	<i>Last date of third quarter</i>
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.	<i>5th day after date both parties have signed the contract</i>
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.	<i>N/A</i>
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.	<i>First day of fourth quarter</i>

Administrative Costs Equal: \$ _____ ***When the student registers for a course or program of study, schools MUST enter an amount here that complies with #7 above. If school does not charge an administrative fee, please enter "\$0" in the space.***

Federal Student Aid: If the school is Title IV approved, school must also include the USDOE refund policy on this agreement stating that students with federal loans are subject to the USDOE refund policy and all other monies paid by students are subject to the Commonwealth of Massachusetts' refund policy. Veterans' Affairs: If certain programs offered by the school are approved by Veterans' Affairs, the VA's refund policy must be inserted here.

If the school has a separate refund policy for books and supplies purchased through the school, please insert it here.

The following language must be inserted, amending the options available from your school.

I have been provided a copy of the school's catalogue and policies in a manner of my choosing and I am initialing my choice:

___ hard copy ___ USB Drive ___ read-only CD-Rom ___ send via email
 ___ I will download the catalogue and policies from school's website ***Insert the school's URL here.***

Student's Initials: The following four sentences are required of all schools and must be used verbatim. Schools may add additional sentences as needed.

- ___ I understand this contract will not be in force and effect until signed by both myself and a school representative.
- ___ I have received a copy of the school's complaint procedures policy.
- ___ I understand the refund law as stated above.
- ___ I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

Schools may consider any of the following sentence, amending them as needed to reflect the needs of the School.

- ___ Students and graduates of any program should be aware that they may be subject to a criminal background check prior to obtaining a certification or license in their field, and those with a prior

conviction, particularly a felony, may experience difficulty in obtaining certain licenses, credentials, and/or employment. For example, American Association of Medical Assistants (AAMA) standards stipulate that a convicted felon may enroll in a Medical Assisting program. However, upon graduation, he/she may not be eligible to take the Certification Exam and become a Certified Medical Assistant without a waiver from the Certifying Board.

- _____ I understand that clinicals or externships will only occur during daytime hours and that I must make myself available during the day.
- _____ I understand that this agreement is my full agreement with the school and affirm that no oral promises or inducements have been made to me.
- _____ I have reviewed and understand the catalog sections pertaining to my program and the policies regarding online only or hybrid education delivery and requirements.
- _____ I understand that classes canceled due to inclement weather or other emergencies may be rescheduled on a day or time outside the regular schedule to avoid extending graduation dates.
- _____ I have understand that I may be subject to random drug tests as a condition of my enrollment.
- _____ I have understand that I may be subject to CORI check and a drug test prior to participation in a clinical or externship.
- _____ I have read and I understand this agreement and the School's catalog and agree to abide by policies as stated, and as they may be amended from time to time.

This school is licensed by the Massachusetts Division of Occupational Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this school's license should be directed to occupational.schools@mass.gov or 617-701-8719. ***This language MUST be used verbatim.***

Any changes, addendums, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the student and are subject to the regulations of 230 CMR 15.04. ***This language MUST be used verbatim.***

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment. ***This language MUST be used verbatim.*** ***If the school has policies specific to refunds for reusable supplies and equipment, include the language here.*** Refund Amount: \$ _____

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and you are subsequently denied some or all of that student loan or financial aid amount, the School shall offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K. ***This language MUST be used verbatim.***

STUDENT'S SIGNATURE: _____ DATE: _____

PRINT STUDENT'S NAME: _____

IF THE STUDENT IS UNDER THE AGE OF 18,

PARENT/GUARDIAN: _____ DATE: _____

PRINT PARENT/GUARDIAN'S NAME: _____

SCHOOL OFFICIAL'S SIGNATURE: _____ DATE: _____

PRINT SCHOOL OFFICIAL'S NAME: _____

I, the student, have received a completed and signed copy of this agreement on date: _____
 _____ (student's initials)

No contractual information is to appear below this point in the contract.

Schools with multi-page enrollment agreements must indicate on the agreement how many pages it contains so students may be assured of receiving all pages. Please see the sample format provided at the bottom of this page.

Below are examples of charts that may be used to format programs/courses on enrollment agreements. No matter what format schools use on their enrollment agreement, all data fields (course/program name; tuition cost; cost of books/materials/other fees; total cost of program; etc.) must be included. The course names and tuition prices must correspond with those for which the school has been approved to offer by DOL.

Sample 1

Please Check course/program:	Entrance Requirement(s)	Tuition	Non-Refundable Administrative Fees	Total Cost of Program	Additional Expenses for each class (estimates)
<input type="checkbox"/> Nurse Assistant Training	Able to read and write English at 5 th grade level	\$575	\$30		Uniforms \$150
<input type="checkbox"/> Medical Assisting	High School Diploma/GED	\$4,525	\$50		Books \$42-\$375

BURLINGTON CAMPUS FRAMINGHAM CAMPUS FALL RIVER CAMPUS

Sample 2

Please Check course/program:	Tuition Cost	Books	Non-Refundable Administrative Fees	Total Cost of Program	Additional Expenses for each class (estimates)	Dates and Times
<input type="checkbox"/> Nurse Assistant Training	\$800	\$100	\$40		Uniforms \$150	1/2/10 M, W, F 10 a.m. – 1 p.m.
<input type="checkbox"/> Patient Care Technician	\$1000	\$125	\$50		Immunizations \$20-\$300	4/1/10 M-F 9 a.m. – 3 p.m.

Sample 3

Automotive Technology. _____ clock hours. Tuition: \$ _____, 4 installments of \$ _____ each. Books/Equipment: \$ _____. Total charges: \$ _____.

Industrial, Commercial, and Residential Electrician. _____ clock hours. Tuition: \$ _____, 4 installments of \$ _____ each. Books/Equipment: \$ _____. Total charges: \$ _____.

Sample 4

Please Check course/program:	Tuition Cost	Books	Non-Refundable Administrative Fees	Total Cost of Program	Additional Expenses for each class (estimates)
<input type="checkbox"/> Nurse Assistant Training	\$800	\$100	\$40		Uniforms \$150
<input type="checkbox"/> Evening Program 5-9 p.m. <input type="checkbox"/> Saturday Program 10-3 p.m.					
<input type="checkbox"/> Medical Assisting	\$1000	\$125	\$50		Uniforms \$150 Immunizations \$20- \$300
<input type="checkbox"/> Day Program 9 a.m. – 4 p.m. <input type="checkbox"/> Evening Program 4-9 p.m.					

Helpful Hint: Use the list of courses from your enrollment agreement as the foundation for making a checklist of courses that can be attached to your instructor certifications. When you submit an application for a teacher, attach the list of courses, checking off the ones for which you are seeking approval.