


Midwest Healthcare Career Training and Development
SCHOOL REFUND POLICY

1. All monies paid by the student will be fully refunded if the student chooses not to enroll in or to withdraw from the school within seven calendar days after having signed the enrollment contract.
2. If the student chooses not to enroll after the seven-day cancellation period, but before the first day of instruction the registration or enrollment fee will be retained by the school.
3. If after the seven – day cancellation period expires, a student withdraws after instruction begins, refunds shall be based on the total contract price of the course or program and shall include all fees, except the application, registration or enrollment fee and any charges for materials, supplies, or books which have been purchased by, and are the property of the student. The minimum refund that a school shall pay a student who withdraws or is terminated after the 7-day cancellation period has expired and after the instruction has begun, is as follows:
 4. All refunds due will be paid within 60 days of the student's last day of attendance.
 5. In the case of an official leave of absence, if a student fails to return to training by the end of the leave of absence, a refund due a student shall be based on the date of withdrawal or termination and paid within 60 days of the scheduled last day of the leave of absence.
 6. Books purchased are the property of the student and are not refundable, except within the seven – day cancellation period.

***NOTE:**

1. I understand that if the school closes, cancels or discontinues a course or program, the school will refund to me, if I am currently enrolled, all monies paid for tuition and fees and all monies for which I am liable for tuition and fees currently enrolled.
 2. I understand that the school requests written notification of cancellation or withdrawal. Send all requests to the School Director or Administrator.
 3. I understand that refunds are based on the last date of attendance.
 4. I understand that in the case of an official leave of absence, if I fail to return to training by the end of the leave of absence, a refund due me shall be based on the date of withdrawal or termination and paid within 60 days of the scheduled last day of the leave of absence.
 5. I understand that all refunds due me will be paid within 60 days of my last day of attendance.
 6. I understand that books purchased are my property and are not refundable, except within seven - day cancellation period.
- 

I have received an exact copy of this enrollment contract, and I have been advised to keep this document as well as copies of all financial documents.

In order to be binding, this contract must be signed by the applicant, guardian, if applicable, and the school official.

I understand that this enrollment contract may be extended or modified only with the written consent of both myself and the school.

A Final Note:

(1) You are advised to keep all documents regarding your enrollment and financial obligations.

(2) If you are a minor, you must get your parent or guardian's permission and signature before you can be enrolled.

(3) By signing this contract, you hereby agree that you have received the school's current catalog.

(4) By signing this contract, you hereby agree that you have received a copy of the enrollment contract.

(5) I fully understand and agree that in order for the enrollment contract to be binding, the contract must be signed by the applicant, the guardian (if you are a minor) and the school official.

(6) I fully understand and agree, furthermore, that the enrollment contract may be extended or modified only with the written consent of both the student and the school.

\$10 Document Fee, per request regardless of number \$15

Midwest Healthcare Career Training and Development Nurse Aide Certification Program

Proportion of total course or program Taught by date of withdrawal*

Refund

Less than 10%	90% refund
10% up to but not including 20%	80% refund
20% up to but not including 30%	60% refund
30% up to but not including 40%	20% refund
40% up to 50%	No Refund
More than 50%	
Tuition	

****Please Note: Stop payment on a check, failure to pay bill that is due or failure to attend classes does not constitute withdrawal.**

***Note:**

1. If the school closes, cancels or discontinues a course or program, the school will refund to each currently enrolled student all monies paid by the student for tuition and fees.
2. The school requests written notification of cancellation or withdrawal. Send all requests to the School Director or Administrator.
3. Refunds are based on the last date of attendance. The last date of attendance is the last date the student attended scheduled instructions.

Name of Student: _____
Please Print (First Name) (Last Name)

Signature of Midwest Healthcare Career Training and Development. Date: _____

Signature of Parent/Guardian

Date: _____



Signature of Student

Date: _____