

The undersigned agrees to abide by the standard terms and conditions as printed on the reverse side.

**Company Name:**

Student Name:

Address:

City:

State/Zip:

Phone:

Fax:

Email:

Title:

Type of Business:

Accounting Dept Phone:

Billing Address:

**Course Information**

Course #	Description/# Days	Date	Course Price	Clock Hrs	Wks to complete	Registration Status

**Billing Information**

Payment Method:

#:

Name on Card:

Expiration Date:

Billing Zip Code:

**Product Information**

Standard     Career Package     Tuition Reimbursement     Pre-Purchased Package

**Package Expiration Date:**

Package Type:

Package Amount: \$

Comments/Notes

**Internal Use Only**

Enrollment Date:

Invoice Number:

Account Manager:

Client Service Manager:

Terms & Conditions on back

## **TERMS & CONDITIONS**

**Payment:** All tuition and fees are due prior to the start of classes. Tuition and fee charges are subject to change at the school's discretion. Any tuition or fee increases will become effective for the school term following student notification of the increase.

**Cancellation and Settlement Policy:** This enrollment agreement may be canceled within five calendar days after the date of signing provided that Babbage Simmel is notified of the cancellation in writing. [cancellations@babsim.com](mailto:cancellations@babsim.com) If such cancellation is made, Babbage Simmel will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic courses.

**Scheduling Changes:** Babbage Simmel will make every effort to hold public classes according to the published course schedule. However, Babbage Simmel reserves rights to cancel or reschedule classes as needed. In the event of a course closure, Babbage Simmel is not responsible for airfare or other travel arrangements.

**Attendance:** Class Attendance must be a minimum of 80% per class within the program to receive a signed certificate of completion from the Instructor. If you miss 20% or more of your class, please refer to our audit policy.

**Audit Policy:** If a student would like to retake a course for any reason within 1 year they can free of charge as long as there have been no course revisions.

**Refund Policy:** If the student is not accepted into the training program, all monies paid by the student shall be refunded. There is one (1) academic term for this program that is 200 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Ohio Administrative Code section 3332-1-10:

1. A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
2. A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.
3. A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
4. A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
5. A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

**Student Grievances:** Students may express any grievances, verbal or written, to their Client Service Manager. Senior management of Babbage Simmel will provide direction for resolution of the conflict. If the resolution is unsatisfactory they should contact: Executive Director, State of Ohio Board of Career Colleges and Schools, 30 East Broad St., Suite 2481, Columbus, OH 43215 Tel: 614-466-2752 Toll Free 877-275-4219

*I am hereby enrolling in the following academic program/course and my enrollment is subject to the terms and conditions stated in this enrollment agreement.*

Program Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

*I acknowledge that I have received a school catalog and agree with the school policies and procedures stated. I also acknowledge that I have received and read a copy of this enrollment agreement.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative: \_\_\_\_\_ Date: \_\_\_\_\_