

# OC HEALTH CAREER COLLEGE

13030 Hoover St, Westminster CA 92683

Phone: 714-379-5858 – Email: Ochccollege@gmail.com

Web site: Ohealthcareercollege.com

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## ENROLLMENT AGREEMENT

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**PLEASE PRINT OR TYPE**

New Student

Re-Entry Student

Applicant Legal Name \_\_\_\_\_  
(First) (Middle) (Last)  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License / ID No. \_\_\_\_\_  
Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_ Fax No. \_\_\_\_\_

### A. EDUCATIONAL SERVICE

Program \_\_\_\_\_

Total Clock Hours: \_\_\_\_\_ Credit Hours \_\_\_\_\_ / Approximate No. of Weeks \_\_\_\_\_

Enrollment Agreement Period: \_\_\_\_\_ Program Start Date: \_\_\_\_\_ Program Scheduled Completion Date: \_\_\_\_\_

Hours are from \_\_\_\_\_ to \_\_\_\_\_

On the following days of the week:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

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### B. ITEMIZATION & TOTAL TUITION FEES.

Registration Fee	\$ _____	Non-Refundable
Other Fee	\$ _____	Non-Refundable, for CPR and First Aid class
Books	\$ _____	Non-Refundable
Equipment, supplies and uniforms	\$ _____	Non-Refundable upon removal from original packaging.
Student Tuition Recovery Fund Fee	\$ _____	Non-Refundable (\$0.50 for every \$1,000)
Student Liability Insurance	\$ _____	Non-Refundable
Tuition	\$ _____	Refund prorated upon withdrawal. Refer to refund policy provision within this Agreement

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### C. PAYMENT

Students are responsible for the amount shown above. Students are required to pay their tuition and fee charges at the time of registration. If full payment is not possible, students can request a payment plan. The payment plan arrangement requires payment of one half of the personal payment portion at the time of registration. Payment of the second half is required prior to the start of the 51% of the training clock hours. The college does not charge interest or financing fee for the use of a payment plan.

Student's signature to agree with this term: \_\_\_\_\_

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## **D. CANCELLATION, WITHDRAWN, DISMISSED and REFUND POLICY**

### **STUDENT'S RIGHT TO CANCEL**

1. You have the right to cancel your agreement for a program of instruction without any penalty or obligations and obtain a refund of charges paid through attendance at the first class session or the seventh calendar day after enrollment, whichever is later.
2. Cancellation may occur when the student provides a written notice of cancellation at the school address, listed in the school latest catalog. This can be done by certified mail or by hand delivery.
3. The written notice of cancellation, if sent by mail, the effective date is the stamped date on the envelope.
4. The written notice of cancellation need not take any particular form. However expressed, it is effective if the student no longer wishes to be bound by the Enrollment Agreement.
5. If the Enrollment Agreement is cancelled the school will refund the student any money, he/she paid, less a registration or administration fee not to exceed \$75.00, and less any deduction for equipment not returned in good condition, within 45 days after the notice of cancellation is received.

### **WITHDRAWAL FROM THE PROGRAM**

You may withdraw from the school at any time after the cancellation period (described above) and receive a pro-rata refund if you have completed 60 percent or less of the scheduled hours in the current payment period in your program through the last day of **attendance**. The refund will be less a registration or administration fee not to exceed \$75.00 and less any deduction for equipment not returned in good condition within 45 days of withdrawal. If the student has completed more than 60% of the period of attendance for which the student was charged, the tuition is considered earned, and the student will receive no refund. Student notifies the institution of the student's withdrawal in writing.

### **DISMISSED FROM THE PROGRAM**

Student shall be deemed to have withdrawn or terminated from a program of instruction when any of the following occurs:

- The institution terminates the student's enrollment for failure to maintain satisfactory progress; failure to abide by the rules and regulations of the institution; absences in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the school.
- The student has failed to attend class for three (3) consecutive weeks.
- The student fails to return from a leave of absence.
- The institution terminates the student's enrollment for failure to maintain satisfactory progress, failure to abide by the rules and regulations of the institution, and/or failure to meet financial obligations to the school.

### **STUDENT'S RIGHT TO APPEAL OF DISMISSAL**

Student who is dismissed from the training can submit an "Appeal to Be Readmitted" letter to the school director. This Form is available at the school director's office. The school director decision is final. Student can file a complaint to the Bureau of Private Postsecondary Education if he or she does not agree with the dismissal.

### **REFUND CALCULATION**

For the purpose of determining the amount of the refund, the date of the student's **withdrawal or being dismissed** shall be deemed the last date of recorded attendance. The amount owed equals the hourly charge for the program (total institutional charge, minus non-refundable fees, divided by the number of hours in the program), multiplied by the number of hours scheduled to attend prior to **withdrawal or being dismissed**. If the student has completed more than 60% of the period of attendance for which the student was charged, the tuition is considered earned, and the student will receive no refund.

### **REFUND POLICIES:**

If the student has received federal student financial aid and funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

If the student defaults on a federal or state loan, both the following may occur:

- a) The federal or state government or a loan guarantee agency may take action against the student, including applying nay income tax refund to which the person is entitled to reduce the balance owed on the loan
- b) The student may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

**STUDENT TUITION RECOVERY FUND (STRF):**

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency program, attending certain schools regulated by the Bureau for Private Postsecondary Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other cost.
4. There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

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**UNDERSTANDINGS**

**INITIAL**

1. **Catalog:** Information about OC Health Career College is published in a school catalog that contains a description of certain policies, procedures, and other information about the school. OC Health Career College

reserves the right to change any provision of the catalog at any time. Notice of changes will be communicated in a revised catalog, an addendum or supplement to the catalog, or other written format, submitted to the Bureau of Private Postsecondary Education.

2. **Enrollment Agreement:** All admission activities and instruction occur in English. If a prospective student is accepted for admissions based on documented English skills and his or her primary language is not English, the student has the right to obtain a clear explanation of the terms and conditions of this agreement and cancellation and refund policies in his or her primary language, at his or her expense by a translation service of his or her choosing prior to execution of the enrollment agreement.
3. **Location:** All instruction occurs at 13030 Hoover St, Westminster California 92683
4. I understand that I will be awarded a Certificate when I have completed all of the program requirements. A graduate must have passed each course and have satisfied all financial obligations.
5. **Career Services:** Placement assistance is provided. However, it is understood that the school does not and cannot promise or guarantee neither employment nor level of income, wage rate to any Student or Graduate
6. **Financing:** The Student understands that if a separate party is financing his/her education, that the Student, and the Student alone, is directly responsible for all payments and monies owed to the school listed on this agreement.
7. **Loan:** If a student obtains a loan from the school to pay for his or her cost of education, the student must pay for the full amount of the loan plus interest, less the amount of any refund
8. **Questions about this Enrollment Agreement:** Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 N. Market Blvd, Suite 225, Sacramento, CA 95834, www.bppe.ca.gov, telephone number (888) 370-7589 or (916) 574-8900, or by fax (916) 263-1897.
9. **Complaints about this institution:** A student or any member of the public may file a complaint about this institution with Bureau for Private Postsecondary Education by calling 888.370.7589 toll-free or by completing a complaint form, which can be obtained on the bureau's Internet Web site, www.bppe.ca.gov.
10. **OTHER CHARGES and FEES:** 1). No in-resident housing provided so students will not pay any fee. 2). Student who achieved less than 2.0 GPA can ask for tutoring during office hours without charge. 3). No assessment fees for transfer of credits (OC Health College doesn't accept credits from any other institution). 4). No fees to transfer credits. 5). No other institution charges or fees except those are already listed in this Enrollment Agreement. 6). \$50 that OC Health College collected to pay for CPR and First Aid class has been listed in the Itemization & Total Tuition Fees. No other fee will be collected from students

**NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION:**

The transferability of credits you earn at OC Health Career College at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in Massage Therapy program or Dental program is also at the complete discretion of the institution to which you may seek to transfer. If certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending OC Health Career College to determine if your credits, or certificate will transfer.

**NOTICE**

YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE.

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Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School  **Initial**

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Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

**I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.**

THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT SUBJECT TO AMENDMENT OR MODIFICATION BY ORAL AGREEMENT. I, THE UNDERSIGNED PURCHASER OF THE PROGRAM OF TRAINING, HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN AND WITH MY SIGNATURE I CERTIFY HAVING RECEIVED AN EXACT COPY OF THIS AGREEMENT, A COPY OF THE SCHOOL CATALOG AND SCHOOL PERFORMANCE FACT SHEET. I FURTHER ACKNOWLEDGE THAT NO VERBAL STATEMENTS HAVE BEEN MADE CONTRARY TO WHAT IS CONTAINED IN THIS AGREEMENT. **THIS ENROLLMENT AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL.**

You enrolled to OC Health Career College solely by means of executing this Enrollment Agreement \_\_\_\_\_ Initial

**TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE** \$ \_\_\_\_\_\*

**ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM** \$ \_\_\_\_\_

**TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT** \$ \_\_\_\_\_

\*You are responsible for this amount. If you get a student loan, you are responsible for repaying the loan amount plus any interest, less the amount of any refund.

*Estimated Additional Fees, required and payable to a third party:* \_\_\_\_\_ Initial \_\_\_\_\_

*Additional Fees, as applicable:* \_\_\_\_\_ Initial \_\_\_\_\_

**I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.**

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature and Title of School Official Accepting Enrollment Date

\*\*\* This Enrollment Agreement is effective from May 1<sup>st</sup> 2021 to April 1<sup>st</sup> 2022