



**KOREAN LANGUAGE PROGRAM**

**ENROLLMENT AGREEMENT**

**Intercultural Institute of California**

**School Name**

**1362 Post Street, San Francisco, CA 94109**

**Address where instruction will be provided**

Student Name

Address

City

State

Zip Code

**ANY QUESTIONS OR PROBLEMS CONCERNING THIS SCHOOL WHICH HAVE NOT BEEN SATISFACTORILY ANSWERED OR RESOLVED BY THE SCHOOL SHOULD BE DIRECTED TO: THE COUNCIL FOR PRIVATE, POSTSECONDARY AND VOCATIONAL EDUCATION, 400 R STREET, SUITE 5000, SACRAMENTO, CA 95814-6200.**

This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that there is no misrepresentation of identity, and you have been given reasonable time to read and understand it. As a student you will pledge to uphold high standards of academic honor. It also acknowledges that you have been given a written statement of the refund policy and procedures and a catalog, which includes a description of the course or educational service and all material facts concerning the school, program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain.

This agreement is for the course or educational service \_\_\_\_\_

Title and description

A total of \_\_\_\_\_ are required to complete the course or educational service.

Clock hours, weeks, or units

Start date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_

**BUYER'S RIGHT TO CANCEL**

**The student may cancel this enrollment agreement and receive a refund by completing the cancellation form to registrar at the Admission's office, room 302, 1362 Post Street, San Francisco, CA 94109.**

**REFUND INFORMATION**

For student who drops a class after registering, following refund schedule will be applied.

Drop Time	Refund Percentage	Refund Amount
Before Class Begins	100%	\$300
Drop by 2 <sup>nd</sup> Week	85%	\$255
Drop by 5 <sup>th</sup> Week	50%	\$150
After 5 <sup>th</sup> Week	0%	Absolutely No Refund

- Late Registration period: 2<sup>nd</sup> Week ~3<sup>rd</sup> Week
- Late Fee \$ 25.00

Student's Initial \_\_\_\_\_ Date \_\_\_\_\_

**FEES AND CHARGES**

The student is responsible for the following fees and charges:

Registration Fee (One time) / Nonrefundable	\$ _____	
Late Registration Fee / Nonrefundable	\$ _____	
Tuition	\$ _____	
Textbooks	\$ _____	Itemization: (Opti Form 2 3/11/2004
Other	\$ _____	Itemization
<b><u>TOTAL CHARGES</u></b>	\$ _____	

**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**

I certify that I.I.C. has met the disclosure requirements for Education Code 94312 of the Private Postsecond: Form 2 3/11/2009  
 Vocational Reform Act of 1989.

Institutions participating in state or federal student assistance programs:  
 I further certify that the institution has met all requirements for the administration of any state financial aid program under Chapter 2 (commencing with Section 69500) of Part 42 or any federal student assistance program under Title IV of the federal higher Education Act of 1965 (P.L. 89-329). Extensions of the act, amendments to that act and rules and regulations adopted under the act.

\_\_\_\_\_  
 Signature, Title of School Official Date

This agreement is accepted by \_\_\_\_\_  
Signature of School Official Date

**NOTICE**

**ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.**