



Please:

- 1) Fill out and sign all AUCM forms.
- 2) Return forms including TUITION payment to:

**The American University of
Complementary Medicine
415 North Camden Drive
Beverly Hills, CA 90210, Suite 203
www.aucm.org**

Please note that the A.U.C.M. is solely responsible
for registration, tuition and course curriculum.

- 3) Keep copies of all forms for your personal records.

If you have questions please contact:

**The American University of
Complementary Medicine
(310) 550-7445
info@aucm.org
www.aucm.org**

Please make reference to:
"The Awareness Center Aryurvedic Certification Program"
in your correspondence.

AMERICAN UNIVERSITY OF COMPLEMENTARY MEDICINE

APPLICATION FOR ADMISSION

1. Student's name _____
Last (Family) First Middle

2. Maiden/other name(s) that may appear on transcripts _____

3. Social Security number _____ - _____ - _____ 4. Birthdate (month/day/year) _____ / _____ / _____

5. Current mailing address _____

City (For foreign addresses, please include postal code) U.S. state 9-digit U.S. ZIP Country name

6. Telephone number _____ - _____ - _____

7. Sex. Please enter "F" for Female or "M" for Male. _____

8. Marital status. Please enter "s" for single or "M" for Married. _____

9. Emergency contact _____
Name Relationship Telephone Number

10. Current Profession/Occupation _____ Licenses _____

11. Permanent mailing address (if different from current) _____

City (For foreign addresses, please include postal code) U.S. state 9-digit U.S. ZIP Country name

12. Other telephone numbers _____ - _____ - _____ 13. Fax number _____ - _____ - _____

14. E-mail address _____

15. The program(s) in which you plan to enroll _____

16. Are you applying for student loans? _____ Yes _____ No

APPLICATION FEE PAYMENT

The \$75 application fee is non-refundable. You may pay by check or credit card. Please indicate the method of payment below.

By check or money order

Check # _____

Amount _____

Please make a check or money order in the amount of \$75 payable to "A.U.C.M."

By credit card

Check one _____ American Express _____ MasterCard _____ Visa

Your account number _____ Expiration date (month/year) _____

I hereby authorize the American University of Complementary Medicine to charge an application fee of \$75 to the credit card account shown above.

Signature _____ Date _____

American University of Complementary Medicine

REGISTRATION FORM PART 2

[Please complete Registration Forms ♦ Parts 1 & 2]

ENROLLMENT AGREEMENT

Instruction will be provided at: 415 N. Camden Dr., #203, Beverly Hills, Ca. 90210
and at Crossroads School, 1712 21st St., Santa Monica, Ca. 90450

Student Name _____ Soc. Sec. No. _____

Address _____ City _____ State _____ Zip _____ Phone _____

ANY QUESTIONS OR PROBLEMS CONCERNING THIS SCHOOL WHICH HAVE NOT BEEN SATISFACTORILY ANSWERED OR RESOLVED BY THE SCHOOL SHOULD BE DIRECTED TO THE BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION, 400 R STREET, SUITE 5000, SACRAMENTO, CA 95814-6200. PHONE: (916) 445-3427.

This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and (b) a catalog including a description of the course or educational service including all material facts concerning the school and the 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, lessons

Start Date: _____ Scheduled Completion Date: _____

BUYER'S RIGHT TO CANCEL. You have the right to cancel this enrollment agreement and obtain a refund. The institution, for all students, without penalty or obligation, shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee of one hundred dollars (\$100), if the notice of cancellation is made prior to or on the first day of instruction. Cancellation shall occur when you give written notice of cancellation to: Registrar, 415 N. Camden Dr., #203, Beverly Hills, Ca. 90210. You can do this by mail, hand delivery, fax, or telegram. The written notice of cancellation, if sent by mail is effective when deposited in the mail properly addressed with postage prepaid. The written notice of cancellation need not take any particular form and, however expressed, it is effective if it shows that you no longer wish to be bound by this agreement.

REFUND INFORMATION. If the school cancels or discontinues a course or educational program, the school will make a full refund of all tuition for that course or course(s). Refunds will be paid within 30 days of cancellation or withdrawal. A student has the right to withdraw from school at any time and receive a refund for that part of the course not taken, for which the student paid. If a student withdraws after one (1) business day following the first day of class, the student is entitled to only a partial refund. The notice of withdrawal and the request for refund must be made in writing. The amount of that refund is to be "pro-rated" according to the incomplete portion of the course up to 60 percent, less the cost of any unreturned equipment and a registration/administration fee of \$100.00. The formula for refund calculation is as follows: The \$100 registration/administration fee is deducted from the total amount of the tuition. This amount is then divided by the number of hours in the course to obtain an hourly rate which is multiplied by the number of hours that the student actually completed, and subtracted from the amount of money paid by the student (less the administration fee). The refund is to be paid within 30 days of withdrawal. A refund notice is to be sent to the student 30 days after the refund is made. After completing 60 percent or more of the course, the student will receive no refund. The formula is as follows: For example, if the student completes only 15 hours of a 45-hour course and paid \$645 tuition, a \$100.00 registration fee would be deducted from the total tuition and the remainder would be prorated, so that the student would receive a refund of \$363.34.

\$645.00 - \$100.00 (Tuition minus Admin. fee) = \$545.00	
\$545.00 ÷ 45 clock hours = \$12.111/hour (Hourly Rate for instruction)	
\$12.111/hour x 15 hours = (Partial tuition owed)	\$181.66
	<u>+\$100.00</u> (admin. fee)
Prorated Amount Student Owes	\$281.66

American University of Complementary Medicine

REGISTRATION FORM PART 2

[Please complete Registration Forms ♦ Parts 1& 2]

Tuition Paid: \$645.00 minus Prorated Amount Student Owes: \$281.66 = Refund Amount \$363.34

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.

FEES AND CHARGES. The student is responsible for the following fees and charges:

Registration	\$ _____	Not refundable
Annual Fees	\$ _____	If applicable (Library, Student Assn., Billing Setup Fee)
Tuition	\$ _____	If applicable refund will be pro-rated upon course withdrawal Refer to refund provisions on reverse side of this Enrollment Agreement
Materials	\$ _____	If applicable (See attached itemization)

TOTAL CHARGES \$ _____

THE TOTAL AMOUNT FOR ALL FEES, CHARGES, AND SERVICES THE STUDENT IS OBLIGATED TO PAY FOR THE COURSE OR EDUCATION SERVICE IS \$ _____

Additional financing charges will be added monthly at a rate of 8.25% per annum for any balance remaining after a student becomes inactive or is no longer attending classes.

STUDENT TUITION RECOVERY FUND

The Student Tuition Recovery Fund (STRF) was established by the Legislature to protect any California Resident who attends a private postsecondary institution from losing money if you prepaid tuition and suffered a financial loss as a result of the school closing, failing to live up to its enrollment agreement, or refusing to pay a court judgment. To be eligible, you must be a California resident and reside in California at the time the enrollment is signed or when you receive lessons at a California mailing address from an approved institution offering correspondence instruction. Students who are temporarily residing in California for the sole purpose of pursuing an education, specifically those who hold student visas, are not considered a California resident. Refer to your catalog for details.

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

This agreement is not operative until the student makes an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction.

Date of Tour or Visit Student Signature Date

I certify that American University of Complementary Medicine has met the disclosure requirements of the Bureau for Private Postsecondary and Vocational Education Reform Act, effective January 1, 1998

ACKNOWLEDGED AND ACCEPTED:

Signature & Title of Institution Official Date

_____ Spring _____ Summer

_____ Fall 20_____

Date: _____ Name: _____ ID# _____

Address: _____ City: _____ Zip: _____

Telephone: H: (____) _____ C: (____) _____ W: (____) _____

Fax: (____) _____ Email: _____

The student is aware of the University's scholastic regulations and requirements to be met before receiving a certificate or degree. This agreement, together with applicable portions of the University CATALOG and STUDENT HANDBOOK is a complete, exclusive and final statement of the terms of our agreement regarding the subject matter thereof. No amendment or rescission of this agreement, waiver of any portion of this agreement, or other representation to or agreement with you or by any person shall bind the American University of Complementary Medicine unless set forth in writing by the president of the University.

PAYMENT PLAN OPTION:		PAYMENT DUE DATE:
First Payment 1/2 Tuition:	\$	
Second Payment:	\$	
Third Payment:	\$	
Fourth Payment:	\$	
TOTAL:	\$	

Credit Card Number: _____ Type: _____ Expiration: _____

Any installment not paid when due shall be subject to **LATE FEE** of \$100.00.

Tuition balance 30 days or more in arrears shall bear interest at the rate of 10 percent (10%) per annum from said due date.

All tuition and fees, principal and/or interest shall be payable in lawful money of the United States.

Where interest is involved each payment shall be credited first to be interest, and any remainder of such payment shall be credited to principle unpaid at the time of such payment. Interest shall after such payment cease upon the principal so credited.

Undersigned reserves the right, at any time and from time to time, to pay without penalty all or any part of the principal before it is due.

If action be instituted upon this note, the undersigned promises to pay such sums as the court may fix as attorney's fees.

My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancelation and refund policies have been clearly explained to me.

Student Signature _____ Date _____

NO STUDENT MAY ENROLL FOR CLASSES IN A TERM IF THERE IS OUTSTANDING DEBT OWED FROM A PREVIOUS TERM. STUDENTS FAILING TO PAY FOR TUITION AND FEES MAY BE PUT ON ADMINISTRATIVE SUSPENSION UNTIL THEIR DEBT IS SATISFIED.